

sharp standards

microneedling good practice
guide and toolkit

BABTAC
BRITISH ASSOCIATION OF
BEAUTY THERAPY & COSMETOLOGY

in partnership with
dermalogica

microneedling

good practice and implementation toolkit

A comprehensive guide for skin care clinics and non-medical aesthetics businesses in the United Kingdom. Supporting practitioners to meet legal, ethical, and professional obligations.

foreword

This toolkit has been developed to support skin care and aesthetics businesses in the United Kingdom that provide microneedling services. It aims to help practitioners meet their legal, ethical, and professional obligations under UK law and to promote consistent, safe, and effective practice.

Microneedling, also known as collagen induction therapy, involves the controlled puncturing of the skin with fine needles to stimulate regeneration and improve appearance. It is a minimally invasive procedure but carries inherent risks. Practitioners must therefore ensure robust infection prevention, client safety, and professional integrity.

The guidance presented here draws on best practice principles, public health legislation, and environmental health standards across England, Scotland, Wales, and Northern Ireland. It complements local authority licensing frameworks and provides a reference for clinic owners, training providers and practitioners.

BABTAC is honoured to have partnered with Dermalogica on this proactive initiative to ensure the highest levels of practice are maintained in the ever-evolving field of Microneedling. Our organisations share a common objective - to elevate and maintain the highest standards of professionalism and protect the credibility of our sector, in a challenging and currently fragmented regulatory landscape. In the absence of clear and robust legislation, BABTAC self-regulate our members to ensure they hold the correct level of qualifications to practice and strongly emphasise the value of expanding their knowledge and skillset through a path of continual professional development. Dermalogica's Sharp Standards is a comprehensive and innovative best practice resource specifically created to support qualified practitioners and ethical businesses in their pursuit of excellence in this field. Dermalogica should be applauded for contributing such a valuable guide to the sector. We are proud to work with them and value their ongoing and unwavering commitment and vision.

Lesley Blair MBE, CEO BABTAC & CIBTAC.

important note

This document is not a substitute for legal advice. Practitioners should confirm local regulatory requirements with their local authority or competent body.

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part A: legal and regulatory

Microneedling is a skin-penetrating non-surgical aesthetic procedure, and as such it falls under a range of public health, safety, and consumer protection laws. Compliance with these is essential to ensure client safety and to avoid enforcement action.

This section outlines the legal duties relevant to businesses offering microneedling services across the UK. Each law is explained using a consistent format:

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England

Wales

Scotland

Northern Ireland

1. UK-wide legislation

The following laws apply across all four UK nations and form the foundation of safe and lawful microneedling practice.

health and safety at work etc. act 1974

what you should do

LEGAL REQUIREMENT

Employers and self-employed practitioners must protect the health, safety and welfare of clients, staff, and themselves. This includes identifying hazards, implementing control measures, and maintaining safe working conditions.

★ why it matters for your business

As a microneedling practitioner, you're working with needles that penetrate skin, using chemicals and cleaning agents, and handling blood-contaminated materials. Without proper safety measures, you could face:

- **Needlestick injuries** to yourself or staff (risk of bloodborne infections)
- **Client infections** or adverse reactions leading to complaints and legal claims
- **Chemical exposure** from disinfectants causing skin irritation or respiratory issues
- **Legal action and unlimited fines** for serious breaches
- **Business closure** by the relevant Health and Safety regulators

how to comply - step by step

1. create a health & safety policy

Required if you have 5+ employees, but recommended for all businesses. This document outlines your commitment to safety and who is responsible for what. Include: statement of intent, responsibilities, arrangements for managing health and safety.

2. conduct risk assessments

Identify hazards in your clinic: needles, chemicals, electrical equipment, slips and trips. For each hazard, record: what could go wrong, who might be harmed, existing controls, additional actions needed. Use the template in Part H.

3. implement control measures

Put safety procedures in place: sharps bins in every treatment room, contaminated waste bags, PPE readily available, equipment maintenance schedules, emergency response protocols, clear cleaning procedures.

4. provide training

Ensure you and any staff understand the risks and know how to work safely. Cover: safe sharps handling and disposal, what constitutes contaminated waste and removal and disposal of contaminated waste, PPE use, emergency procedures, equipment operation. Keep training records.

5. review regularly

Update risk assessments when you change procedures, introduce new equipment, move premises, or after any incident. Minimum review: annually.

where to start

Download HSE's free guide: "[Health and Safety Made Simple](#)"

Use the Risk Assessment Template in Part H of this toolkit

Book a basic health & safety course (many are available online and take 2-3 hours to complete. Costs range from £20-50)

Review the legislation: [HSWA 1974](#)

management of health and safety at work regulations 1999

what you should do



Conduct and record risk assessments for all work activities. These regulations make the general duties under HSWA 1974 more explicit and require documented risk management.

★ why it matters for your business

This regulation requires you to formally assess risks, not just be generally aware of them. For microneedling, you must identify hazards such as:

- Infection transmission through needles or contaminated surfaces
- Sharps injuries to practitioners
- Chemical exposure from numbing agents, serums, and disinfectants
- Allergic reactions in clients
- Equipment malfunctions

Without documented risk assessments, enforcement officers can issue improvement notices or prosecution.

✓ where to start

Use the HSE's [risk assessment templates](#) or NSEN's [risk assessment template](#) or the templates in Part H

Identify all microneedling-related risks in your practice

Document mitigations or safety procedures to reduce risks

Review the legislation: [MHSWR 1999](#)

reporting of injuries, diseases and dangerous occurrences regulations 2013 (RIDDOR)

what you should do



Report certain workplace incidents, injuries, and diseases to the HSE or local authority. This includes needlestick injuries, serious infections, and incidents causing incapacity for more than 7 days.

★ why it matters for your business

In microneedling, reportable incidents might include:

- Needlestick injuries to practitioners
- Serious client reactions requiring hospital treatment
- Infections contracted in your clinic
- Injuries from equipment malfunction

Failure to report can result in prosecution. Reports help identify safety trends and prevent future incidents.

✓ where to start

Read HSE's ["RIDDOR at a Glance"](#)

Keep the HSE incident reporting phone number available: 0345 300 9923

Use the Incident Report Form in Part H to document all incidents internally

Review the legislation: [RIDDOR 2013](#)

notes

UK GDPR & data protection act 2018

what you should do

LEGAL REQUIREMENT

Protect client personal data including records, treatment notes, consent forms, and photographs. Ensure data is collected lawfully, stored securely, and retained only as long as necessary.

★ why it matters for your business

Client records contain sensitive personal data including:

- Medical histories and health conditions
- Photographs (biometric data)
- Contact details and identification
- Treatment notes and consent forms

Data breaches can result in:

- Fines up to £17.5 million or 4% of turnover
- Legal action from affected clients
- Reputational damage
- Loss of client trust

how to comply - the 7 data protection principles

- 1. Lawfulness, fairness, transparency:** Tell clients what data you collect and why
- 2. Purpose limitation:** Only collect data needed for treatment
- 3. Data minimization:** Don't collect excessive information
- 4. Accuracy:** Keep records up to date
- 5. Storage limitation:** Don't keep data longer than necessary (recommend 7 years for treatment records)
- 6. Integrity and confidentiality:** Keep data secure (passwords, encryption, locked cabinets)
- 7. Accountability:** Be able to demonstrate compliance

where to start

Review Information Commissioner's Office [advice-for-small-organisations](#)

Create a privacy notice for clients (see template in Part H)

Implement secure storage: password-protected computers, locked filing cabinets

Obtain explicit consent for photographs and marketing use

Review the legislation: [Data Protection Act 2018](#)

Review the legislation: [PPE Regulations 1992](#)

environmental protection act 1990 & waste legislation

what you should do

LEGAL REQUIREMENT

Dispose of waste correctly, particularly sharps and contaminated materials. Businesses have a "duty of care" to ensure waste is handled, stored, and disposed of safely through licensed carriers.

★ why it matters for your business

Microneedling generates clinical waste including:

- **Sharps:** Used needle cartridges (contaminated with blood)
- **Contaminated materials:** Body fluid and/or blood-stained wipes, cotton pads, PPE
- **Chemical waste:** Expired products, disinfectants

Incorrect disposal can result in:

- Fines up to £50,000
- Criminal prosecution
- Environmental contamination
- Risk to waste handlers and the public

how to comply

1. Use UN-approved sharps containers (BS 7320:1990 compliant)
2. Contract with a licensed clinical waste carrier
3. Keep waste transfer notes for at least 2 years
4. Segregate waste types: sharps, clinical, general
5. Store waste securely before collection
6. Never dispose of sharps or clinical waste in general bins

where to start

Contact licensed clinical waste carriers for quotes (search "clinical waste disposal [your area]")

Order appropriate sharps bins from medical suppliers

Review Environment Agency/SEPA/ NIEA clinical waste guidance

Nation-specific legislation:

- [Waste \(England and Wales\) Regulations 2011](#)
- [Special Waste Regulations 1996 \(Scotland\)](#)
- [The Controlled Waste and Duty of Care Regulations \(Northern Ireland\) 2013](#)

personal protective equipment at work (amendment) regulations 2022

what you should do



Provide and ensure the use of appropriate Personal Protection Equipment [PPE] including gloves, masks, aprons, and eye protection. PPE must be suitable for the task, properly maintained, and staff must be trained in its use.

★ why it matters for your business

PPE is your last line of defense against infection and injury. For microneedling, this includes:

- **Gloves:** Protection from bloodborne pathogens
- **Masks:** Prevent droplet contamination
- **Aprons/gowns:** Protect clothing from contamination
- **Eye protection:** Guard against splashes

Using inappropriate PPE (e.g., food-grade gloves) does not meet legal standards and puts you at risk.

✓ where to start

Review HSE's [Personal Protective Equipment \(PPE\) at work](#)

See Part C, Section 4 of this toolkit for detailed PPE selection guidance

Review the legislation: [The Personal Protective Equipment at Work \(Amendment\) Regulations 2022](#)

control of substances hazardous to health regulations 2002 (COSHH)

what you should do



Control exposure to substances hazardous to health, including disinfectants, topical anesthetic agents, serums, and cleaning materials. This includes safe storage, labeling, use, and disposal, plus maintaining COSHH assessments.

★ why it matters for your business

Microneedling practices use various hazardous substances:

- **Disinfectants:** Can cause skin irritation, eye damage, or respiratory problems
- **Topical anesthetics:** Risk of allergic reactions or overdose if misused
- **Serums and active ingredients:** May contain chemicals requiring special handling, risk of allergic/sensitivity reactions, ensure manufacturers ensure compatibility with microneedling treatment
- **Cleaning products:** Often corrosive or irritant

Failure to comply can result in injury to staff/clients, prosecution, and invalidation of your insurance.

how to comply

1. Identify all hazardous substances in your practice
2. Obtain Safety Data Sheets (SDS) from suppliers for each substance
3. Complete a COSHH assessment for each substance (see template in Part H)
4. Store substances safely: locked cabinets, away from heat/sunlight, in original containers
5. Ensure proper labeling on all containers
6. Train staff on safe handling, dilution, and emergency procedures
7. Provide appropriate PPE (gloves, eye protection)
8. Dispose of chemicals according to regulations

✓ where to start

Review HSE's [COSHH Essentials](#)

Request Safety Data Sheets from all product suppliers

Use the COSHH Assessment Template in Part H

Review the legislation: [COSHH 2002](#)

2. nation-specific legislation

Licensing requirements for skin-piercing procedures vary across the four UK nations. Check which applies to your location.

england

health and care act 2022

what you should do

LEGAL REQUIREMENT

This Act defines non-surgical cosmetic procedures and creates the framework for a national licensing scheme. Small operators should prepare for upcoming mandatory licensing of both practitioners and premises.

★ why it matters for your business

Within the next few years, you will likely need to:

- Register your practice with a licensing authority
- Demonstrate that you meet minimum training standards
- Prove your premises meet safety and hygiene standards
- Pay licensing fees

If you don't comply: You may be prohibited from offering microneedling services, face fines, or have your business closed down.

local government (miscellaneous provisions) act 1982, part VIII

what you should do

LEGAL REQUIREMENT

Microneedling may require local authority registration or licensing depending on your council, as many interpret “skin-piercing” to include it. Under the Local Government (Miscellaneous Provisions) Act 1982, most councils follow national frameworks, but a small number in England have introduced their own licensing schemes for non-surgical cosmetic procedures through specific local acts:

- [Nottingham \(Nottinghamshire County Council Act 1985\)](#)
- [Essex \(Essex Act 1987\)](#)
- [Birmingham \(Birmingham City Council Act 1990\)](#)
- [London \(London Local Authorities Act 1991\)](#)

These local acts allow those authorities to regulate both premises and practitioners offering specific treatments.

★ why it matters

Operating without required registration can result in:

- Prosecution and fines
- Closure of your business
- Invalidation of insurance
- Seizure of equipment

where to start

Use this toolkit to implement required procedures and protocols

Review your current scope of practice and plan for additional training if necessary

Monitor government announcements about licensing implementation timelines

Review the legislation: [Health and Care Act 2022](#)

Contact your local council to meet any licensing requirements

If applying for a license, be prepared for spot checks and unexpected inspections from your local authority. Have all requirements implemented and documentation to hand

To ensure the license is always valid, any changes to floor plans or treatment areas should be brought to the attention of the local council. In some cases they may charge for a revision to the license

Legislation: [Local Government \(Miscellaneous Provisions\) Act 1982, Part VIII](#)

Ask specifically about registration requirements for microneedling. Councils requiring a Special Treatments License may require you to provide appropriate premises or practitioner documentation. This may include but is not limited to -

- Emergency lighting certificate
- 5-year electrical installation certificate
- Fire alarm certificate
- Fire extinguisher certificate
- PAT test certificate
- Digital treatment menu
- Current fire risk assessment
- Coloured copies of therapist qualifications
- Plans of the premises

2. nation-specific legislation

Licensing requirements for skin-piercing procedures vary across the four UK nations. Check which applies to your location.

wales

what you should do

LEGAL REQUIREMENT

Wales has introduced mandatory licensing for “special procedures” including microneedling under the Public Health (Wales) Act 2017. Both operators and premises must be licensed.

★ why it matters

Stricter than previous regulations. Operating without a license is a criminal offense. You must demonstrate:

- Appropriate training and qualifications
- Safe premises meeting hygiene standards
- Proper insurance coverage
- Infection control procedures

where to start

Apply for licensing through your local authority

Review [Welsh Government special procedures guidance](#)

Legislation: [Public Health \(Wales\) Act 2017](#)

Use this toolkit to ensure you meet licensing standards

notes

2. nation-specific legislation

Licensing requirements for skin-piercing procedures vary across the four UK nations. Check which applies to your location.

scotland

Non-Surgical Procedures and Functions of Medical Reviewers (Scotland) Bill

what you should do

LEGAL REQUIREMENT

The Non-Surgical Procedures and Functions of Medical Reviewers (Scotland) Bill is proposed legislation in Scotland that is currently awaiting Royal Assent. Once enacted, it will introduce a statutory licensing scheme for practitioners who carry out certain non-surgical cosmetic procedures such as microneedling, and is expected in 2027.

It will also define the role and responsibilities of medical reviewers. These are professionals tasked with providing independent clinical oversight, particularly in reviewing deaths and ensuring appropriate scrutiny of medical care.

In Scotland, licensing is mandatory for all skin-piercing activities – this includes acupuncture, body piercing, microblading and electrolysis. Microneedling falls out of scope in this instance. Compliance with the health and safety principles of piercing is generally aligned with microneedling practice and demonstrates professionalism.

★ why it matters

The new Bill matters because it will shape the legal, operational, and commercial landscape for microneedling businesses in Scotland. Knowing about it early allows you to stay compliant, avoid risk, and remain competitive.

☒ where to start

Confirm with the local council practitioner and premises licenses are not required

Proposed Legislation: Non-Surgical Procedures and functions of medical reviewers (Scotland) Bill

Legislation: Civic Government (Scotland) Act 1982 (Licensing of Skin Piercing and Tattooing) Order 2006

Review your Local Authority guidance on piercing

notes

2. nation-specific legislation

Licensing requirements for skin-piercing procedures vary across the four UK nations. Check which applies to your location.

northern ireland

what you should do

LEGAL REQUIREMENT

District councils operate registration schemes for skin-piercing. This includes acupuncture, body piercing, microblading and tattooing. Microneedling falls out of scope of these by-laws. Requirements vary by council area but principles for health and safety are the same.

★ why it matters

While implementation varies by council, following best practice guidance provides assurance of safe practice and protects both practitioners and clients. Compliance to health and safety principles demonstrates professionalism.

☒ where to start

Contact your district council's environmental health department

Legislation: [Local Government \(Miscellaneous Provisions\) \(NI\) Order 1985, Article 13](#)

notes

part B: governance, ethics, and responsibilities

Beyond legal compliance, practitioners have professional and ethical obligations to clients. This section outlines the standards of conduct expected in microneedling practice.

how to use this section

What outlines the requirement

Why explains the risk or importance

How gives practical steps to implement. Use this to review your current processes and apply improvements using the templates in Part H

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1. professional and ethical conduct

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3. record keeping

1. professional and ethical conduct

core professional standards

These core professional standards define the minimum expectations for safe, ethical practice and client protection. All practitioners must apply them consistently in every treatment and interaction.

informed consent

what ?	why ?	how 
Obtain voluntary, informed consent before every treatment.	Protects clients' autonomy and rights. Without valid consent, treatment may constitute assault.	• Provide written and verbal information about the procedure • Explain risks, benefits, and alternatives • Answer all questions • Give clients time to consider • Obtain written signature (see template in Part H) • Never persuade • Never proceed if client shows hesitation

confidentiality

what ?	why ?	how 
Protect client information and maintain strict confidentiality.	Legal requirement under UK GDPR and ethical duty. Breaches destroy trust and can result in legal action.	• Discuss treatments in private spaces only • Secure all client records (locked cabinets, password-protected systems) • Never discuss clients with third parties without explicit consent • Ensure computer screens aren't visible to other clients • Train staff on confidentiality requirements

honest advertising

what



Uphold honesty in marketing and avoid unsubstantiated medical claims.

why



Misleading advertising is illegal under Consumer Protection from Unfair Trading Regulations 2008 and damages industry reputation.

how



- Use realistic before/after photos (with consent)
- Don't claim to "cure" medical conditions
- Avoid guarantees of specific results
- Don't use doctor/medical terminology unless qualified
- Be honest about limitations of treatment
- Follow ASA (Advertising Standards Authority) guidance

scope of practice

what



Provide treatments only within your competence and training, and in line with training guidelines.

why



Operating beyond your training risks client safety and invalidates insurance.

how



- Keep certificates and training records updated
- Refuse treatments you're not qualified to perform
- Refuse treatments to anyone if for any reason, you are uncertain as to their suitability
- Refer complex cases to appropriate professionals
- Follow manufacturer guidelines and training protocols
- Undertake additional training before offering new techniques
- Know when to seek medical input

insurance

what



Maintain valid treatment liability insurance.

why



Protects you and clients in case of adverse events. Most licensing authorities require proof of insurance.

how



- **Professional indemnity:** £1-6 million (covers negligence claims)
- **Public liability:** £5-10 million (covers injuries on premises)
- **Employers' liability:** £5 million minimum if you have staff (legal requirement)
- **Ensure your policy specifically covers microneedling**
 - some policies exclude invasive procedures

2. duty of care

legal duty

legal requirement

Under the Health and Safety at Work etc. Act 1974, all practitioners have a legal duty of care to protect the health, safety, and wellbeing of both clients and staff. This includes taking all reasonable steps to prevent harm, minimise risk, and respond appropriately where issues arise.

what this means in practice

for clients

- Conduct thorough consultations and screen for contraindications
- Obtain valid informed consent prior to treatment
- Provide clear, comprehensive aftercare instructions
- Deliver treatments safely, competently, and within scope of practice
- Maintain a clean, hygienic, and appropriately equipped environment
- Use only safe, approved, and well-maintained equipment and products
- Monitor for and respond promptly to adverse reactions or complications
- Refer to appropriate medical professionals where necessary

for staff

- Provide a safe working environment in line with health and safety legislation
- Ensure staff are appropriately trained, competent, and supervised
- Implement and follow risk assessments, infection control, and safety protocols
- Provide suitable personal protective equipment (PPE) where required
- Promote safe systems of work to reduce risk of injury or exposure
- Support staff wellbeing, including managing fatigue, stress, and workload
- Ensure clear procedures for reporting incidents, accidents, and near misses
- Provide access to ongoing training and professional development

consequences of breach

- Failure to meet duty of care obligations may result in:
- Criminal prosecution
- Civil liability claims
- Professional or regulatory sanctions
- Invalidation of insurance
- Loss of licence or ability to practise

3. record keeping

what you must record

legal requirement

Maintain comprehensive, accurate records for every client and treatment. Records must be retained securely for at least 7 years (or longer if legally required in your nation).

essential records to maintain

client information:

- Full name, date of birth, contact details
- Emergency contact information
- Medical history and current medications
- Known allergies and sensitivities
- Previous aesthetic treatments
- Skin type and analysis

consultation records:

- Date of consultation
- Treatment discussed and recommended
- Contraindications screened
- Patch test results (if applicable)
- Client expectations and concerns
- Pre-treatment photographs (with consent)

consent documentation:

- Signed consent form for treatment
- Separate consent for photographs
- Consent for data processing (GDPR)

treatment records:

- Date and time of treatment
- Practitioner name
- Device used (make, model, serial number)
- Cartridge batch number
- Needle depth/lengths used
- Number of passes
- Length of time spent microneedling
- Any areas of focus
- Products applied (serums, numbing agents)
- Client physical and emotional response during treatment
- Skin response during treatment and immediately post treatment
- Post-treatment photographs
- Aftercare advice provided

incident and adverse event reports:

- Date and nature of incident
- Client symptoms or complaints
- Actions taken
- Medical referrals made
- Follow-up actions
- Outcome and resolution

best practice tips

Digital records: Use encrypted, password-protected systems. Back up regularly

Paper records: Store in locked filing cabinets. Limit access to authorized staff only

Photographs: Use a business phone/camera rather than personal phones for taking client photographs. Where personal phones are used, photos should be downloaded daily to a secure device used for business purposes only and permanently deleted from personal phone

Store separately from treatment notes. Ensure clients can't be identified by others. Front and left/right facial profiles, and multiple angle body images are recommended for accurate records and comparisons

Disposal: After retention period, shred paper records and permanently delete digital files

Templates: Use standardized forms to ensure consistency (see Part H)

part C: premises, equipment, and hygiene

Your treatment environment must minimise infection risk and ensure client safety. This section provides detailed guidance on premises design, equipment standards, and hygiene protocols.

This section outlines the legal duties relevant to businesses offering microneedling services across the UK. Each law is explained using a consistent format:

how to use this section

Requirements outlines what the law states you need

Why this matters explains the risk or importance

What to consider gives guidance when designing spaces or investing in equipment.

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1. premises design and layout

2. equipment standards

3. infection control procedures

4. personal protective equipment (PPE)

5. waste management

1. premises design and layout

minimum requirements

legal requirement

Premises must meet local authority licensing standards and health & safety regulations.

essential features

surfaces:

- Smooth, impervious, non-porous materials (e.g., vinyl flooring, washable walls)
- No fabric-covered furniture in treatment areas
- Surfaces must withstand repeated cleaning with disinfectants
- Sealed edges and joints to prevent fluid accumulation

treatment area:

- Adjustable seat for practitioner (supporting safe needling)

hand washing facilities:

- Dedicated hand-wash basin in or immediately adjacent to treatment room
- Hot and cold running water
- Liquid soap dispenser (no bar soap)
- Single-use paper towels or hand dryer
- Hands-free taps preferred (elbow or sensor-operated)
- Hand sanitizer as supplement, not replacement

equipment cleaning area:

- Separate sink for cleaning equipment (not the hand-wash basin)
- Located away from clean storage areas
- Dedicated space for decontamination procedures

storage:

- **Clean storage:** Enclosed cabinets for sterile items, unused cartridges, clean PPE
- **Product storage:** Cool, dry area away from sunlight for serums, numbing agents
- **Contaminated waste area:** Separate, secure location for sharps bins and clinical waste before collection

ventilation and environment:

- Adequate ventilation (natural or mechanical)
- Good lighting for treatment delivery and skin assessment
- Comfortable temperature (16-24°C typically)
- Clean, professional appearance

★ why this matters

Poor premises design can lead to:

- Cross-contamination between clean and dirty areas
- Inability to properly disinfect surfaces
- Failure to pass licensing inspections
- Increased infection risk for clients

2. equipment standards

device requirements

Mechanized and manual rollers provide various advantages depending on business need and intended clinical outcome. With differences in needle design, customization and application suitability the below table provides a comparison of each tool.

options	manual roller	mechanised
operation	Practitioner controls pressure and movement Single use and must be disposed of immediately post procedure	• Rechargeable battery or mains powered options • Handpiece and cartridge required for treatment • Compatible only with manufacturer-approved cartridges • Device handpieces are reusable • Safety mechanism to prevent accidental activation • Stable, ergonomic design • Practitioner controls movements, speed and depth in line with device design and training
needle motion	Needle enters at an angle as the barrel rolls creating lateral wounds	Needles stamp vertically with controlled perforation producing uniform wounds
needle types/ materials	stainless steel - Most used - Best quality with sharpest needle - Nickel allergy titanium - Not commonly used - Bio-compatible polymer - Provided in one single mould - Hypoallergenic	• Disposable, sterile needle cartridges • Stainless steel/Titanium • Needle plate provides spacing for even perforation
adjustability	Fixed needle length per roller	Adjustable stitch depth depending on device (0.2 – 2.5mm) Adjustable stitch frequency (speed) providing options to target various conditions and modification on comfort
area of use	Covers a large surface area making it suitable to treat Body, face, neck and chest Less suited to curved/contoured areas	Covers a small surface area making it suitable for intricate contours and curvatures of the face and scalp. Also used for neck, chest and body
packaging / sterilisation	Roller must be supplied in sealed packaging with method of sterilisation listed • Gamma • Ethylene oxide <i>Single use only.</i>	Cartridge must be supplied in sealed packaging with method of sterilisation listed • Gamma • Ethylene oxide <i>Cartridge is single use only. Device handpiece should be disinfected after every use.</i>
clinical outcome	• Effective for facial and body rejuvenation • Provides less precise depth control • Higher risk of track marks	• Effective for broad indications, especially on the curvature of face and scalp • Provides more control and adjustability to the practitioner, enabling more personalised outcomes

3. infection control procedures

standards required

legal requirement

Adhere to COSHH regulations and Infection Prevention and Control (IPC) principles to prevent disease transmission.

core infection control principles

hand hygiene:

- Wash hands thoroughly:
 - Before and after every client
 - After removing gloves
 - After touching contaminated items
 - Before handling sterile equipment
- Use liquid soap and warm water for 20 seconds minimum
- Dry with disposable paper towels
- Apply approved hand sanitizer between washes if needed

disinfectants:

- Use medical-grade disinfectants with UKCA or CE marking (Biocidal Products Regulation - BPR)
- Compliance with relevant BS EN standards, such as:
 - BS EN 13727 - bactericidal activity in suspension (medical area; applicable to hand hygiene and instrument disinfection)
 - BS EN 13697 - bactericidal activity on non-porous surfaces without mechanical action (applicable to treatment surfaces and equipment)
 - BS EN 14476 - virucidal
 - BS EN 14348 - mycobactericidal (TB-level organisms); note: validated contact time under this standard is 60 minutes
 - not covered by general 1–10 minute guidance below
 - BS EN 16615 - surface wipe efficacy using mechanical action; this standard is wipe-specific and applies only to products tested and validated in wipe-delivery format
- These standards collectively demonstrate broad-spectrum, clinically validated disinfection
- Common options: 70% alcohol wipes, quaternary ammonium compounds, chlorine-based solutions, hypochlorous solutions
- Follow manufacturer's contact time (usually 1–10 minutes for bactericidal and virucidal products)

- Never dilute beyond recommended concentration
- Check expiry dates
- Maintain COSHH assessment for each product

surface disinfection:

- **Between every client:**
 - Treatment couch/bed
 - Work surfaces and trolleys
 - Device handpiece
 - Door handles and light switches
 - Any surface touched during treatment
- **Daily:** Floors, walls if splashed, storage areas
- **Weekly:** Deep clean of entire treatment room

equipment decontamination:

- 1. Clean:** Remove visible debris and organic matter
- 2. Disinfect:** Apply appropriate disinfectant for required contact time
- 3. Rinse** (if required by product instructions)
- 4. Dry:** Air dry or use disposable paper towels
- 5. Store:** In clean, enclosed cabinet, according to manufacturer instructions

single-use items (critical):

Microneedling cartridges/rollers: **SINGLE USE ONLY**

Gloves: **SINGLE USE ONLY**

Cotton pads, gauze, wipes that contact broken skin, protective couch roll, or disposable paper bibs to protect client clothing (where used)

Dispose immediately after use in appropriate waste stream

non-compliance risks:

Failure to use appropriate, validated disinfectants or to follow correct contact times may result in ineffective decontamination, increased risk of cross-infection, breach of infection control standards, and potential legal or regulatory action.

4. personal protective equipment (PPE)

ppe requirements

legal requirement

Appropriate PPE must be worn throughout all microneedling procedures to protect both practitioner and client from infection transmission.

essential ppe for microneedling

1. gloves

The most critical PPE item for microneedling. Your choice and use directly impact infection control and practitioner safety.

- Wear single-use, disposable gloves for all microneedling procedures
- Use appropriate medical-grade gloves that provide adequate barrier protection
- Change gloves between each client and immediately if torn, punctured, or contaminated
- Perform hand hygiene before donning gloves and immediately after removal

2. face masks

- Wear surgical/procedure masks throughout microneedling procedures
- Prevents droplet contamination from practitioner to client
- Type IIR masks recommended (fluid-resistant)
- Change between clients or if mask becomes damp
- Cover nose and mouth completely

3. aprons/gowns (optional)

- Wear disposable aprons if preferred
- Protects clothing from contamination
- Replace after each client
- Dispose of in clinical waste if contaminated with blood

4. eye protection (optional)

- Wear if risk of splash or blood flicking (e.g., deep needling, vascular clients)
- Options: safety glasses, goggles, or face shield
- Must be cleaned and disinfected between uses

when to wear PPE - step by step

before client arrival:

- Ensure treatment room is stocked with PPE
- Wash hands thoroughly

during client preparation:

- Put on mask
- Put on apron
- Wash hands
- Put on gloves before touching client's skin
- Replace gloves if touching non-sterile surfaces (phone, door, etc.)

during microneedling:

- Wear all PPE throughout procedure
- Add eye protection if splash risk present
- Change gloves if contaminated

after treatment:

- Keep gloves on while applying aftercare products
- Keep gloves on while cleaning equipment
- Keep gloves on while disposing of sharps/waste
- Remove gloves and dispose in clinical waste
- Remove apron and dispose
- Remove mask and dispose
- Wash hands immediately

4. personal protective equipment (PPE)

glove type	advantages	disadvantages	recommendation
nitrile	• Latex-free (no allergy risk) • Excellent puncture resistance • Good chemical resistance • Tactile sensitivity • Durable	Slightly more expensive than other options	✓ PRIMARY CHOICE Best for microneedling
latex	• Good tactile sensitivity • Comfortable fit • Cost-effective	• Allergy risk (client & practitioner) • Poor chemical resistance • Not suitable for oil-based products	✗ NOT RECOMMENDED Due to allergy risks
vinyl	• Latex-free • Inexpensive • Suitable for low-risk tasks	• Poor puncture resistance • Less durable • Loose fit • Limited protection	✗ NOT SUITABLE Use other tasks where needlestick injury is not a risk
polythene	• Very inexpensive • Food-safe	• No tactile sensitivity • Very poor protection • Not medical grade	✗ NOT SUITABLE Never use for medical procedures

glove best practices

- **Always use nitrile gloves** for microneedling procedures due to durability and low allergy risk. Select 5-6mm thickness suitable for healthcare settings
- Purchase medical/examination grade (not food-service grade)
- Stock multiple sizes for proper fit for employees to maintain dexterity and reduce risk of tearing

- Change gloves:
 - Between every client
 - If torn or punctured
 - After touching non-sterile surfaces during treatment
- Never wash or reuse gloves
- Store in cool, dry place away from sunlight
- Check expiry dates - expired gloves lose integrity

5. waste management

legal requirements

legal requirement

Dispose of clinical waste through licensed contractors in accordance with Environmental Protection Act 1990 and relevant waste regulations.

waste segregation

1. sharps waste (orange lid container):

- Used microneedling cartridges
- Any needles or blades
- Broken glass from ampoules

requirements:

- Use UN-approved sharps containers (BS 7320:1990)
- Temporary closure after each use
- Seal when 3/4 full (never overfill)
- Label with date, location, and your details
- Store securely away from public access
- Never remove items once placed in container

2. infectious clinical waste (yellow or orange bag as determined by your registered clinical waste removal contractor):

- Blood-stained wipes and gauze
- Disposable couch roll positioned under the client's head and/or disposable bibs used across the chest (where used)
- Used gloves and aprons contaminated with blood
- Any materials contaminated with bodily fluids

requirements:

- Use appropriate clinical waste bags
- Seal securely before collection
- Store away from general waste

3. general waste (black bag):

- Non-contaminated materials
- Product packaging (if not contaminated)
- Office waste

4. chemical/pharmaceutical waste:

- Expired products
- Unused numbing agents
- Old disinfectants

Check with your waste contractor for specific requirements.

setting up waste collection

1. Contact licensed clinical waste contractors (search online for "clinical waste disposal [your area]")
2. Obtain quotes - typically £50-150 per collection depending on volume and frequency
3. Arrange collection schedule (monthly, quarterly, or on-call)
4. Order sharps containers and clinical waste bags from supplier
5. Keep waste transfer notes for minimum 2 years (legal requirement)
6. Ensure contractor is licensed - check their waste carrier license

part D: operational standards and procedures

This section provides detailed protocols for daily operations, ensuring your practice runs safely, efficiently, and in compliance with legislation around health and safety, hazardous substances, data protection and anti-discrimination.

how to use this section

What you must do outlines the requirement

Why this matters explains the risk or importance

What your policy must include gives guidance to ensure policies meet requirements.

Where to start Use this to review your current policies and apply improvements using the templates in Part H

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1.2 Staff Training Requirements

1.3 Safe Work Environment Procedures

1.4 Risk Assessments

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3. data protection & confidentiality (GDPR)

3.1 Data Protection Policy

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3.3 Client Confidentiality Protocol

4. anti-discrimination & equality procedures

4.1 Clinic Equality Policy

4.2 Accessibility Procedures

1. health & safety compliance

1.1 health & safety policy

what you must do

legal requirement

Develop a written Health & Safety Policy that outlines responsibilities of management and staff. This is legally required if you have 5 or more employees, but strongly recommended for all businesses.

★ why this matters

Your policy demonstrates commitment to safety and provides clear guidance on who does what. It's essential for:

- Insurance validity
- Licensing applications
- Staff training and accountability
- Legal defense if incidents occur
- Professional reputation

1: statement of intent

- Your commitment to providing a safe environment
- Signature from business owner/senior manager
- Date of policy and review date

2: responsibilities

- **Employer/Owner responsibilities:** Overall accountability, providing training, providing resources, maintaining safe equipment, providing and maintaining safe working environments
- **Manager responsibilities:** Day-to-day supervision, implementing procedures, monitoring compliance
- **Employee responsibilities:** Following procedures, reporting hazards, using PPE

3: arrangements

- Risk assessment procedures
- Training requirements and schedules
- Equipment maintenance protocols
- Emergency procedures (fire, first aid, incidents)
- Infection control measures
- Incident reporting process
- Review and monitoring procedures

where to start

Use the HSE template: [HSE Health & Safety Policy Template](#)

Customize for microneedling-specific risks

Have all staff read and sign acknowledgment

Display policy in staff areas

Review annually or after significant changes

1. health & safety compliance

1.2 staff training requirements

mandatory training for all staff

induction training (before performing treatments):

- Health & Safety Policy review
- Fire safety and evacuation procedures
- First aid location and trained personnel
- Infection prevention and control
- Safe sharps handling
- PPE use (donning and doffing)
- Waste segregation and disposal
- Equipment operation (specific to devices used)
- Emergency response protocols
- Ensuring client suitability and documentation required
- Client safeguarding
- Data protection and confidentiality

annual refresher training:

- Infection control update
- Health & Safety policy review
- Equipment competency check
- Emergency procedure practice
- COSHH awareness

record keeping:

- Maintain training log for each staff member
- Include: date, topic, trainer, duration, signature
- Keep certificates from external training
- Available for inspection by licensing authorities

1.3 safe work environment procedures

daily safety checks

before opening (daily checklist):

- Treatment rooms clean and ready
- All equipment functioning correctly and electrical charge levels checked (where required)
- All equipment positioned correctly and ergonomically
- Sharps bins present and not overfilled (under 3/4 full) and positioned correctly
- PPE stock sufficient (gloves, masks, aprons)
- Hand hygiene facilities stocked (soap, paper towels, sanitizer)
- Disinfectants available and in-date
- Clinical waste area secure
- First aid kit stocked and accessible
- Fire exits clear
- Emergency contact numbers displayed

treatment room organization:

- **Clean zone:** Sterile supplies, unused cartridges, clean equipment
- **Contaminated zone:** Used items, awaiting decontamination
- Never mix zones - maintain clear separation
- Clutter-free surfaces for easy cleaning
- All items stored in closed cabinets when not in use

ergonomics:

- Adjustable treatment bed height
- Practitioner stool with back support
- Good lighting to prevent eye strain
- Regular breaks to prevent repetitive strain

1. health & safety compliance

1.4 risk assessments

how to conduct risk assessments

step 1: identify hazards

Walk through your clinic and treatment process. Identify anything that could cause harm:

- Sharps (needles, cartridges)
- Bloodborne pathogens
- Chemicals (disinfectants, numbing agents, serums)
- Electrical equipment
- Slips, trips, falls
- Manual handling (moving equipment, stock)
- Allergic reactions
- Equipment malfunction

step 2: identify who might be harmed

- Clients
- Practitioners
- Reception/support staff
- Cleaners
- Visitors
- Vulnerable groups (pregnant women, those with compromised immunity)

step 3: evaluate risks and controls

For each hazard, assess:

- **Likelihood:** How likely is harm? (Low/Medium/High)
- **Severity:** How serious would the harm be? (Minor/Moderate/Major)
- **Existing controls:** What are you already doing to manage this risk?

step 4: record findings

Document in a risk assessment form:

- The hazard
- Who might be harmed
- Existing control measures
- Risk rating (after controls)
- Additional actions needed
- Who is responsible
- Completion date

step 5: review regularly

- Annually as minimum
- After any incident or near-miss
- When introducing new procedures or equipment
- When changing premises

example risk assessment: needlestick injury

hazard	who at risk	existing controls	risk rating	additional actions
Needlestick injury from microneedling cartridge	Practitioner, cleaning staff	• Single-use cartridges only • Immediate disposal into sharps bin • Sharps bins located in every treatment room • Staff trained in safe handling • Hepatitis B vaccination offered • Needlestick injury protocol in place	Low (with controls in place)	Annual refresher training on sharps safety

2. hazardous substances management (COSHH)

2.1 handling & storage procedures

what you must do

legal requirement

Assess, control, and safely manage all hazardous substances used within your practice in accordance with the Control of Substances Hazardous to Health Regulations 2002. This includes correct handling, storage, use, and disposal to minimise risk to both clients and staff.

why this matters

- Effective COSHH management protects health and ensures legal compliance. It is essential for:
- Preventing injury, burns, allergic reactions, and exposure to harmful substances
- Protecting staff from occupational health risks
- Maintaining safe treatment environments
- Meeting licensing and inspection requirements
- Supporting insurance validity and legal protection

safe chemical management

storage requirements:

- Keep all chemicals in locked cabinets
- Store in original, labeled containers
- Never transfer to unmarked bottles
- Keep away from heat sources and direct sunlight
- Segregate incompatible substances
- Store at correct temperature (check labels)
- Keep lids tightly closed when not in use

labeling:

- All containers must be clearly labeled
- Include: product name, hazard symbols, date opened, expiry date
- If decanting (not recommended), label
- secondary container fully

safety data sheets:

Obtain from supplier for every chemical product

Keep in accessible COSHH file or folder

Review before first use

Includes: hazards, safe handling, first aid, disposal

dilution and mixing:

- Always follow manufacturer instructions exactly
- Never exceed or reduce recommended concentrations
- Mix in well-ventilated areas
- Wear appropriate PPE (gloves, apron)
- Never mix different products unless instructed
- Label diluted solutions with concentration and date

2. hazardous substances management (COSHH)

2.2 common substances in microneedling

substance	hazards	safety measures
alcohol-based disinfectants (70% IPA)	• Flammable • Eye/skin irritant • Vapour inhalation	• Keep away from flames and hot sunny locations • Use in ventilated area • Wear gloves • Eye protection if splash risk
chlorine-based disinfectants	• Corrosive • Respiratory irritant • Skin/eye damage	• Dilute correctly • Ventilate well • Wear gloves and apron • Never mix with acids
quaternary ammonium compounds	• Skin irritant • Eye damage • Respiratory sensitizer	• Follow contact time • Wear gloves • Rinse surfaces if food-contact • Ventilate

creating COSHH assessments

For each hazardous substance, complete a COSHH assessment form covering:

1. Product name and supplier
2. Where and how it's used
3. Hazards identified (from SDS)
4. Who might be exposed
5. Control measures in place
6. Emergency procedures
7. PPE required
8. Disposal method
9. Review date

Use the template in Part H or download from HSE website.

3. data protection & confidentiality (GDPR)

3.1 data protection policy

what you must have

legal requirement

A written Data Protection Policy explaining how you collect, use, store, and protect client personal data in compliance with UK GDPR.

your policy must cover

lawful basis for processing:

- **Consent:** For marketing, photographs, testimonials
- **Contract:** For providing treatments clients have booked
- **Legal obligation:** For regulatory record-keeping
- **Legitimate interests:** For appointment reminders, follow-ups

what data you collect:

- Personal details (name, DOB, contact info)
- Medical history and health data
- Treatment records
- Photographs (with explicit consent)
- Payment information
- Correspondence

how you use it:

- Providing treatments safely
- Booking and appointment management
- Legal and regulatory compliance
- Quality improvement
- Marketing (only with consent)

how you protect it:

- Secure storage (passwords, encryption, locked cabinets)
- Access restricted to authorized staff
- Staff training on confidentiality
- Regular backups
- Secure disposal when no longer needed

client rights:

- Access their data (Subject Access Request)
- Rectification of errors
- Erasure (“right to be forgotten”)
- Restrict processing
- Data portability
- Object to processing
- Withdraw consent

3.2 record keeping procedures

comprehensive client file management

required documents (per client):

1. Client Consultation Form and Health Questionnaire:

Personal details, emergency contact, how they found you, medical history, medications, allergies, contraindications

2. Consultation Record: Skin analysis, treatment plan, expectations discussed

3. Pre Treatment Guidance: Skin priming, timelines for restricted products and procedures pre-treatment, lifestyle advice to observe pre-treatment

4. Patch Test Record: Date, location, products tested, result, signature

5. Treatment Consent/Authorisation Form: Risks explained, questions answered, signed agreement

6. Photography Consent: Separate consent for taking and using images

7. Treatment Procedure Records: Detailed notes for each session including products used, cartridge selection with batch number and expiry date, needle depth, device speed settings, areas treated, client skin response and observations

8. Aftercare Instructions: Copy of lifestyle and post procedure care that was provided to client

9. Follow-up Notes: Client feedback, healing progress, concerns

10. Incident Reports: Any adverse reactions or complications

3. data protection & confidentiality (GDPR)

3.3 client confidentiality protocol

maintaining confidentiality

in the clinic:

- Hold sensitive discussions in private treatment rooms, not reception
- Speak quietly when discussing client information
- Position computer screens away from client view
- Never leave client records visible on desks
- Don't use client names when discussing cases with colleagues in public areas
- Waiting area positioned so clients can't overhear consultations

communication:

- Email: Use secure email or patient portals, not regular email for sensitive info
- Phone: Verify identity before discussing treatment, never speak to a third party unless permission has been given to do so
- Text/SMS: Appointment reminders only, no clinical details
- Voicemail: Minimal information only

third parties:

- Never disclose client information without explicit written consent
- Exceptions: Legal obligation (safeguarding, court order, child protection, terrorism)
- If client's partner/family asks: "I can only discuss this with [client name] directly"

staff training:

- All staff must understand confidentiality obligations
- Include in induction and annual refresher
- Confidentiality clause in employment contracts
- Disciplinary consequences for breaches

digital storage best practice:

- Use practice management software or secure database
- Password-protected systems (strong passwords, changed regularly)
- Two-factor authentication where available
- Encrypted cloud storage with reputable provider
- Automatic backups (daily minimum)
- Screen privacy filters on computers
- Lock screens when away from desk
- Separate user accounts for each staff member
- Log who accesses which records

paper storage best practice:

- Locked filing cabinets in secure room
- Alphabetical or numerical filing system
- Access limited to authorized staff only
- Never leave files unattended in treatment rooms
- No client-identifiable information visible to others
- Fire-resistant storage if possible

photograph storage:

- Store separately from treatment notes
- Use client ID numbers, not names, in filenames
- Never store on personal devices or social media
- Encrypted storage
- Access restricted to those who need it
- Keep copy of signed consent with each image set

retention and disposal:

- Retain treatment records in line with:
 - ICO data retention periods
 - client age
 - insurance
 - HMRC requirements
- Longer if client was under 18 (until 25th birthday minimum)
- Check nation-specific requirements
- After retention period:
 - Paper: Cross-cut shred or professional shredding service
 - Digital: Permanent deletion with overwrite (not just recycle bin)
 - Photographs: Delete all copies including backups

4. anti-discrimination & equality procedures

legal duty

legal requirement

Under the Equality Act 2010 (or equivalent in your nation), you must not discriminate against clients or staff based on protected characteristics.

protected characteristics

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

4.1 clinic equality policy

your policy should state

- Zero tolerance for discrimination, harassment, or victimization
- Commitment to equal treatment of all clients and staff
- Equal access to services regardless of protected characteristics
- Process for reporting discrimination
- Disciplinary consequences for breaches

refusal of treatment:

You may only refuse treatment for legitimate reasons:

- Medical contraindications (e.g., active infection, certain medications)
- Outside your scope of competence
- Client under influence of alcohol/drugs
- Unrealistic expectations after consultation
- Client aggressive or abusive

never refuse based on protected characteristics

4.2 accessibility procedures

making your practice accessible

physical access:

- Consider ramp access or ground-floor location
- Wide doorways for wheelchair users
- Accessible toilet facilities
- Adequate lighting for those with visual impairments
- Clear pathways free from obstacles

communication access:

- Large print forms available
- Allow extra time for clients who need it
- Offer to read forms aloud
- Quiet consultation spaces for those with hearing difficulties
- Accept communication via email or text if preferred
- Use of interpreters / written material in multiple languages, for any client whose language you do not understand and who does not understand the language/s you speak

reasonable adjustments:

- Longer appointment times if needed
- Allow support person to attend
- Flexible positioning during treatment
- Sensory-friendly environment (dimmed lights, reduced noise)
- Advance information about what to expect

part E: client care, consent, and aftercare

This section outlines the essential protocols for safe and effective client management before, during, and after treatment. It ensures practitioners assess suitability, obtain valid consent, and provide appropriate aftercare to minimise risk and support optimal outcomes.

how to use this section

What you must do outlines the requirement

Why this matters explains the risk or importance

What your protocol must include gives guidance to ensure procedures and protocols meet professional and legal standards

Where to start Use this to review your current consultation, consent, and aftercare processes and apply improvements using the resources and templates in Part H

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1. client assessment and contraindications	3. treatment preparation and client care
Contraindication Screening	Pre-Treatment Instructions
Absolute Contraindications (Do Not Treat)	Client Communication Protocols
Relative Contraindications (Proceed with Caution)	Comfort and Safety During Treatment
2. informed consent process	4. aftercare and follow-up
Consultation Requirements	Immediate Aftercare (First 24 Hours)
Consent Documentation	Short-Term Aftercare (Days 2–7)
Managing Client Expectations	Warning Signs and When to Escalate
	Follow-Up and Ongoing Support

part E: client care, consent, and aftercare

1. client assessment and contraindications

Thorough client assessment is essential to determine treatment suitability and reduce the risk of adverse events.

contraindication screening

- **What you must do:**

Carry out a full consultation and medical history before every treatment

- **Why this matters:**

Identifies risks, prevents harm, and supports safe decision-making

- **What your protocol must include:**

- Standardised consultation form
- Medical history and medication review
- Skin assessment and treatment suitability decision
- Process for declining or postponing treatment

relative contraindications

(Proceed with Caution)

- **What you must do:**

Assess risk and modify, delay, or seek medical approval where required

- **Why this matters:**

Reduces likelihood of complications and supports safe treatment planning

- **What your protocol must include:**

- List of relative contraindications
- Risk assessment and decision-making protocol
- Medical referral or approval process where necessary

absolute contraindications

(Do Not Treat)

- **What you must do:**

Do not treat clients with absolute contraindications

- **Why this matters:**

These conditions present a high risk of serious adverse outcomes

- **What your protocol must include:**

- Clear list of absolute contraindications
- Mandatory treatment refusal protocol
- Documentation of decision and client communication

conditions include:

- Active skin infection (bacterial, viral, fungal)
- Active herpes simplex in treatment area
- Open wounds, cuts, or abrasions
- Active acne (grade 3–4)
- Keloid scarring tendency
- Isotretinoin use (within 6–12 months)
- Blood clotting disorders
- Immunosuppression
- Uncontrolled diabetes
- Pregnancy or breastfeeding
- Active cancer / oncology care
- Recent radiation therapy (within 12 months)
- Severe psoriasis

part E: client care, consent, and aftercare

2. informed consent process

Valid informed consent is a legal and ethical requirement.

consultation requirements

- **What you must do:**

Provide clear, accurate information before treatment

- **Why this matters:**

Ensures clients can make informed decisions

- **What your protocol must include:**

- Explanation of procedure, risks, benefits, and alternatives
- Opportunity for questions
- Time for client consideration (sometimes referred to as a 'cooling off' period)

consent documentation

- **What you must do:**

Obtain written informed consent prior to treatment

- **Why this matters:**

Provides legal protection and evidence of client agreement

- **What your protocol must include:**

- Signed consent forms
- Separate consent for photographs
- GDPR/data processing consent
- Secure storage of documentation

managing client expectations

- **What you must do:**

Set realistic expectations about outcomes

- **Why this matters:**

Prevents dissatisfaction and complaints

- **What your protocol must include:**

- Clear explanation of expected results and limitations
- No guarantees of outcomes
- Documentation of client expectations

part E: client care, consent, and aftercare

3. treatment preparation and client care

Proper preparation and communication support safe and effective treatment delivery.

pre-treatment instructions

- **What you must do:**

Provide clear pre-treatment guidance

- **Why this matters:**

Reduces risk and improves treatment outcomes

- **What your protocol must include:**

- Written pre-treatment instructions
- Guidance on skincare, sun exposure, and medications
- Confirmation client has followed advice

client communication protocols

- **What you must do:**

Maintain clear, professional communication throughout

- **Why this matters:**

Supports client confidence and informed consent

- **What your protocol must include:**

- Professional communication standards
- Process for answering questions and concerns
- Documentation of key discussions

comfort and safety during treatment

- **What you must do:**

Monitor and maintain client comfort and safety

- **Why this matters:**

Reduces distress and risk of adverse events

- **What your protocol must include:**

- Continuous client monitoring
- Protocols for managing discomfort or reactions
- Criteria for stopping treatment

part E: client care, consent, and aftercare

4. aftercare and follow-up

Clear aftercare supports healing and reduces complications.

immediate aftercare

(First 24 Hours)



- **What you must do:**

Provide strict post-treatment instructions

- **Why this matters:**

Minimises infection risk and supports recovery

- **What your protocol must include:**

- Written aftercare instructions
- Verbal explanation
- Client acknowledgement

warning signs and when to escalate



- **What you must do:**

Inform clients when to seek help

- **Why this matters:**

Early intervention reduces risk of complications

- **What your protocol must include:**

- List of warning signs
- Clear contact instructions
- Escalation and referral process

short-term aftercare

(Days 2–7)



- **What you must do:**

Guide clients through ongoing recovery

- **Why this matters:**

Ensures optimal healing and treatment results

- **What your protocol must include:**

- Skincare guidance
- Activity restrictions
- Sun protection requirements

follow-up and ongoing support



- **What you must do:**

Provide access to follow-up care

- **Why this matters:**

Supports outcomes and client satisfaction

- **What your protocol must include:**

- Follow-up protocol (optional/required)
- Contact methods for concerns
- Documentation of follow-up interactions

part F: training and competence

This section outlines the knowledge, skills, and qualifications required to perform microneedling safely and effectively. It explains the standards of competence expected within the industry, the difference between regulated qualifications and short courses, and the importance of ongoing professional development.

how to use this section

Use this section to assess your current qualifications, training pathway, and ongoing development to ensure you meet recommended competency standards

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principles of competence

regulated qualifications vs short courses

minimum qualification standards

supporting training

continuing professional development (CPD)

UK qualification regulators

professional bodies and industry guidance

part F: training and competence

principles of competence

Microneedling is a skin-penetrating aesthetic procedure that carries potential risks including infection, scarring, pigment changes and delayed healing if performed incorrectly. Practitioners should therefore only perform microneedling where they can demonstrate:

- Appropriate formal training and qualification
- Practical competence in the procedure
- Knowledge of skin anatomy, wound healing and infection prevention
- Ongoing professional development

Competence should be evidenced through regulated qualifications, supervised practical training, and continuing professional development (CPD).

regulated qualifications vs short courses

regulated qualifications (preferred standard)

regulated qualifications are nationally recognised qualifications that:

- Are approved by a national qualifications regulator
- Are assigned a regulated qualification level (e.g. Level 3, 4, 5)
- Are based on national occupational standards
- Include external assessment, practical observation and theoretical examinations

These qualifications are designed to develop both theoretical knowledge and clinical competence, and in many cases allow practitioners to expand their scope of practice.

examples include:

- Level 3 Anatomy and Physiology
- Level 4 Diploma, Certificate or Award in Skin Needling / Microneedling
- Level 5 Diploma or Award in Aesthetic Practice

typical awarding organisations include:

- CIBTAC
- VTCT / VTCT (ITEC)
- Qualifi

For example, the Level 4 Award or Certificate in Skin Needling trains practitioners in consultation, contraindications, infection control, device operation, treatment planning and complication management with formal assessment and case studies.

short accredited courses and cpd

Short courses or CPD training can be valuable for:

- Updating skills
- Learning new devices or products
- Refreshing knowledge
- Expanding existing competence

However, these courses typically:

- Are not regulated qualifications
- May be completed in 1–3 days
- Often do not include external examination or portfolio assessment
- Do not always increase scope of practice

They should therefore be considered supplementary training rather than a substitute for a full regulated qualification.

For example, practitioners already holding a Level 3 or Level 4 aesthetic qualification may complete CPD training to learn a new microneedling device or treatment protocol, but CPD alone should not normally be relied upon to demonstrate full competency in skin-penetrating procedures.

part F: training and competence

minimum qualification standards core

qualification (highly recommended)

Practitioners should hold:

A: level 3 anatomy and physiology

Award, Certificate or Diploma covering:

- Skin structure and function
- Circulatory and lymphatic systems
- Infection and immunity
- Wound healing

This qualification should be delivered by a recognised regulated awarding organisation.

B: microneedling qualification

Practitioners should hold a regulated microneedling qualification appropriate to the treatment depth being performed.

level 4 microneedling / skin needling qualification

Recommended minimum qualification for most cosmetic microneedling procedures.

Typical scope:

- Up to 0.5 mm depth on the face
- Up to 1.0 mm depth on the body

Content typically includes:

- Skin needling theory and collagen induction
- Client consultation and treatment planning
- Contraindications and complications
- Infection prevention and hygiene
- Practical supervised treatments and assessment

level 5 aesthetic practice (advanced)

Advanced aesthetic qualifications may cover:

- Deeper microneedling protocols
- Complex skin conditions
- Integrated aesthetic treatment planning
- Advanced skin science

Typical scope:

- Up to 1.0 mm depth on the face
- Up to 2.0 mm depth on the body

These qualifications are particularly relevant where microneedling is performed alongside and in combination with other advanced aesthetic procedures.

supporting training

practitioners should also complete training in:

Infection Prevention and Control

Aligned with NHS England Core Skills Framework Level 2 or equivalent.

Topics should include:

- Hand hygiene
- Decontamination
- Sharps safety
- Environmental cleaning
- Prevention of cross infection

(Not required separately where covered within a Level 4/5 aesthetic qualification.)

first aid

One of the following:

- First Aid at Work (3 day course) – valid 3 years

or

- Emergency First Aid at Work (1 day course) – valid 3 years

Training should include management of:

- fainting
- allergic reactions
- bleeding
- infection or adverse skin reactions

health and safety

Basic knowledge should include:

- Risk assessment
- COSHH awareness
- Safe use of devices
- Clinical waste management

part F: training and competence

continuing professional development (CPD)

cpd requirements

Practitioners should complete:

Minimum recommended CPD:

12–20 hours of continuous professional development activity per year
10 microneedling treatments per year to maintain skills competency

CPD helps ensure practitioners remain up to date with:

- infection control standards
- new research
- evolving treatment techniques
- regulatory changes

mandatory updates

- Infection control refresher – annually
- First aid renewal – every 3 years
- Health and safety review – annually

Examples of CPD Activities

- Formal training courses
- Device-specific training
- Professional conferences
- Clinical workshops
- Webinars and online learning
- Peer review or mentoring
- Reading professional journals and research

best practice

Complete a minimum of 10 microneedling treatments per year to maintain skills competency.

UK qualification regulators

When selecting training, practitioners should verify that qualifications are regulated by the appropriate national regulator.

england

Regulator: Ofqual (Office of Qualifications and Examinations Regulation)

Framework: Regulated Qualifications Framework (RQF).

Website:

<https://www.gov.uk/ofqual>

scotland

Regulator: Scottish Qualifications Authority (SQA)

Framework: Scottish Credit and Qualifications Framework (SCQF)

Website:

<https://www.sqa.org.uk>

wales

Regulator: Qualifications Wales

Website:

<https://qualifications.wales>

northern ireland

Regulator: Council for the Curriculum, Examinations and Assessment (CCEA Regulation)

Website:

<https://ccea.org.uk>

Practitioners should verify qualifications on the relevant national qualifications register where possible.

professional bodies and industry guidance

Further information on qualifications, training providers and professional standards may be obtained from organisations such as:

- [BABTAC](#)
- [CIBTAC](#)
- [CPSA](#)
- [JCCP](#)
- [HABIA](#)

These organisations may also provide:

- professional membership
- insurance guidance
- industry standards
- continuing education opportunities

part G: audit, monitoring, and quality assurance

Regular monitoring ensures your practice maintains high standards, identifies improvement opportunities, and demonstrates compliance to licensing authorities.

how to use this section

Frequency describes when and how often to audit

What to audit explains what should be monitored or reviewed.

How to audit provides the process. You can also access the resources and templates to support you from Section H.

Remember: Quality assurance is not a one-time activity. It is an ongoing commitment to excellence, safety, and continuous improvement. By implementing these monitoring and audit procedures, you demonstrate professionalism, protect your clients, and build a sustainable, reputable business.

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1. internal audits

2. external oversight

3. client feedback and satisfaction

4. incident review and learning

5. performance metrics

6. continuous improvement culture

part G: audit, monitoring, and quality assurance

1. internal audits

Frequency: Minimum annually, quarterly recommended

what to audit:

infection control audit

- Hand hygiene facilities stocked and functional
- PPE stocks adequate and in date
- Disinfectants in date and correctly stored
- Surface cleaning schedules being followed
- Equipment decontamination procedures observed
- Sharps bins not overfilled and correctly labelled
- Clinical waste stored securely
- Waste transfer notes up to date

documentation audit

- Sample of client records reviewed for completeness
- Consent forms properly completed and signed
- Treatment notes detailed and legible
- Photographs stored securely with consent on business devices
- Incident reports completed when required
- Staff training records up to date
- Risk assessments reviewed and current
- COSHH assessments available and current

equipment audit

- Devices clean and well-maintained
- Service records up to date
- PAT testing current
- Cartridge stock checked for expiry dates
- Batch numbers being recorded
- Manufacturer's instructions available

premises audit

- Treatment rooms clean and organized
- Clear separation of clean and contaminated zones
- Surfaces in good repair and easily cleanable
- Fire exits clear
- First aid kit stocked
- Emergency contact numbers displayed

how to conduct audits

1. Schedule audit in advance
2. Use checklist to ensure consistency
3. Walk through clinic systematically
4. Check random sample of records (at least 10)
5. Interview staff about procedures
6. Observe practice if possible
7. Document findings - both good practice and issues
8. Create action plan for any issues identified
9. Assign responsibilities and deadlines
10. Follow up to ensure actions completed
11. Share positive findings with team
12. Schedule next audit

part G: audit, monitoring, and quality assurance

2. external oversight

Licensing Authority Inspections: Local authorities have power to inspect premises at any time. Cooperation is mandatory.

preparing for inspections

before inspection:

- Keep premises inspection-ready at all times
- Maintain all documentation organized and accessible including copies of qualification certificates
- Ensure staff know what to expect
- Conduct regular internal audits

during inspection:

- Be cooperative and professional
- Provide requested documentation promptly
- Answer questions honestly
- Take notes of inspector comments
- Ask for clarification if needed
- Do not make excuses - acknowledge issues

after inspection:

Review inspection report carefully

- Address any issues identified immediately
- Respond to improvement notices within deadlines
- Document actions taken
- Request re-inspection if required
- Use findings to improve systems

what inspectors look for:

- Cleanliness and hygiene standards
- Infection control procedures
- Waste management
- Equipment maintenance
- Record keeping
- Staff qualifications and training
- Health and safety compliance
- Client safeguarding

part G: audit, monitoring, and quality assurance

3. client feedback and satisfaction

methods for collecting feedback

- Post-treatment satisfaction surveys (paper or digital)
- Follow-up calls or emails
- Online reviews
- Suggestion box in clinic
- Informal conversation during appointments
- Annual client satisfaction survey

key areas to assess

- Booking process and communication
- Reception and waiting experience
- Consultation thoroughness
- Treatment comfort and professionalism
- Results achieved vs expectations
- Aftercare support
- Value for money
- Likelihood to recommend

acting on feedback

- Review all feedback regularly
- Identify trends and patterns
- Celebrate positive feedback with team
- Address negative feedback promptly
- Contact dissatisfied clients to resolve issues
- Implement improvements based on suggestions
- Track satisfaction scores over time
- Share improvements made with clients

4. incident review and learning

incident review process

- 1. Collect information:** Gather all documentation, interview involved parties
- 2. Timeline reconstruction:** Map out exactly what happened and when
- 3. Root cause analysis:** Identify underlying causes, not just symptoms
- 4. Contributing factors:** Consider equipment, procedures, training, communication, environment

5. Corrective actions: Identify specific changes needed

6. Implementation: Make changes and document

7. Monitoring: Verify changes effective

8. Learning: Share lessons with team

Never Blame Individuals: Focus on system improvements, not blame. Create a culture where staff feel safe reporting incidents and near-misses.

part G: audit, monitoring, and quality assurance

5. performance metrics

key quality indicators to track

metric	target	how to measure
Client satisfaction score	Above 4.5/5	Post-treatment surveys
Adverse event rate	Below 2%	Incident reports / total treatments
Client retention	Above 70%	Clients returning for course
Complaint rate	Below 1%	Formal complaints / total clients
Documentation compliance	100%	Audit of records completeness
Staff training compliance	100%	Training matrix review
Infection control audit score	Above 95%	Quarterly audit checklist

review performance:

- Monthly dashboard review
- Quarterly team meetings to discuss trends
- Annual comprehensive review
- Set improvement goals for following year

part G: audit, monitoring, and quality assurance

6. continuous improvement culture building quality into your practice

- Regular team meetings: Discuss quality, safety, and improvement ideas
- Open communication: Encourage staff to raise concerns without fear
- Celebrate success: Recognize good practice and improvements
- Learn from others: Network with other practitioners, attend industry events
- Stay current: Monitor changes in guidance, research, and best practice
- Client-centred: Always ask what is best for the client
- Professionalism: Maintain high standards even when busy or stressed
- Accountability: Take responsibility for quality - it starts at the top

✓ audit checklist example

daily checks

Treatment rooms clean and ready
 Equipment functioning correctly
 Sharps bins present and not overfilled
 PPE stock sufficient
 Hand hygiene supplies available
 Disinfectants in date
 First aid kit accessible
 Fire exits clear

weekly checks

Deep clean treatment rooms
 Review stock levels and order supplies
 Check waste collection schedule
 Review appointment schedule for next week

monthly checks

Review incident reports
 Check equipment maintenance due dates
 Review client feedback
 Team meeting to discuss quality and safety
 Review performance metrics

quarterly checks

Conduct full internal audit
 Review and update risk assessments
 Review and update COSHH assessments
 Check staff training records and plan refreshers
 Review policies and procedures

annual checks

Comprehensive quality review
 Update all policies
 Review insurance coverage
 Renew licenses and registrations
 PAT testing of equipment
 Staff competency assessments
 Set quality improvement goals for next year

Remember: Quality assurance is not a one-time activity. It is an ongoing commitment to excellence, safety, and continuous improvement. By implementing these monitoring and audit procedures, you demonstrate professionalism, protect your clients, and build a sustainable, reputable business.

part H: templates, tools and resources

This section provides ready-to-use templates and links to essential resources. All templates should be customized for your specific business and reviewed by appropriate professionals before use.

how to use templates

1. Source, download or adapt the template
2. Customize with your business details and specific requirements
3. Have reviewed by professional body, legal advisor, or licensing authority if appropriate
4. Implement and train staff on proper use
5. Review and update regularly (minimum annually)

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1. essential document templates

2. key government resources

3. professional bodies and industry organizations

4. finding your local authority

5. insurance providers

6. recommended reading and further learning

part H: templates, tools and resources

1. essential document templates

client-facing documents

template	purpose	source/download
client consultation and health questionnaire form	Collect personal details, contact information, how they found you, emergency contact, comprehensive medical history, medications, allergies, contraindication screening	<u>BABTAC Client Consultation Form Template</u> Create in-house based on guidance in Part E, or use clinic management software, or use brand/supplier support materials
patch test form	Document date, location, products tested, result, client and practitioner signatures	<u>BABTAC Patch Test Template</u> Create in-house based on guidance in Part E, or use clinic management software, or use brand/supplier support materials
consultation record	Document skin analysis, concerns, treatment plan discussed, expectations	<u>BABTAC Client Consultation Form Template</u> Create in-house, or use clinic management software or based on guidance in Part E, or use brand/supplier support materials
treatment authorisation/informed consent form	Document that risks, benefits, alternatives explained and client agrees to proceed	<u>BABTAC Client Consultation Form Template</u> Create in-house based on guidance in Part E; have reviewed by legal advisor if designing in-house, or use brand/supplier support materials
photography consent form	Separate consent for taking and using photographs	Must comply with UK GDPR. Refer to ico.co.uk website for guidance <u>BABTAC Media Consent Form Template</u> jotform.com offer free templates for photo release forms
treatment procedure record	Detailed notes for each session including products used, cartridge selection with batch number and expiry date, needle depth, device speed settings, areas treated, client skin response and observations	<u>BABTAC Treatment Record Template</u> Create in-house or use practice management software or use prepared brand/supplier support materials
pre-treatment instructions	Written guidance on preparing for treatment	Design in-house based on guidance in Part E or use prepared brand/supplier support materials
aftercare instructions	Comprehensive post-treatment care guidance with warning signs	Design in-house based on guidance in Part E or use prepared brand/supplier support materials
privacy notice	Explain how you collect, use, and protect client data (GDPR requirement)	ICO template

part H: templates, tools and resources

operational documents

template	purpose	source/download
health & safety policy	Overall commitment to safety and responsibilities	HSE template
risk assessment form	Identify and document hazards and control measures	HSE risk assessment templates HSENI risk assessment template
COSHH assessment form	Assess risks from hazardous substances	HSE COSHH essentials
incident report form	Document any adverse events, accidents, near-misses	Create in-house based on HSE guidance. Tools like jotform.com provide free templates
daily safety checklist	Pre-opening checks of equipment, supplies, environment	Create this in-house based on guidance in Part D
cleaning schedule	Daily, weekly, monthly cleaning tasks documented	Create in-house
equipment maintenance log	Track servicing, PAT testing, calibration	Create a spreadsheet in-house using Microsoft Excel or Google Sheets, or use software to track
training record matrix	Track staff training, qualifications, expiry dates	Create a spreadsheet in-house using Microsoft Excel or Google Sheets, or use software to track
audit checklist	Systematic review of compliance	Create in-house based on guidance in Part G
complaint handling form	Record and track client complaints to resolution	Create in-house or use clinic management software

part H: templates, tools and resources

2. key government resources

organization	what they provide	website
health and safety executive (HSE)	Health and safety guidance, templates, reporting	www.hse.gov.uk
information commissioner's office (ICO)	Data protection guidance, templates, advice	ico.org.uk
gov.uk	Legislation, licensing information, business guidance	www.gov.uk
environment agency	Waste disposal guidance (England)	www.gov.uk/ea
SEPA (scottish environment protection agency)	Waste disposal guidance (Scotland)	www.sepa.org.uk
natural resources wales	Waste disposal guidance (Wales)	naturalresources.wales
MHRA (medicines and healthcare products regulatory agency)	Medical device regulation	www.gov.uk/mhra

part H: templates, tools and resources

3. professional bodies and industry organizations

organization	what they offer
<u>british association of beauty therapy & cosmetology (BABTAC)</u>	Professional membership, Codes of Practice, insurance, CPD, advice line
<u>chartered institute of environmental health (CIEH)</u>	Guidance on non-surgical cosmetic treatments, tattooing and body piercing safety
<u>cosmetic practice standards authority (CPSA)</u>	Standard setting for non-surgical cosmetic procedures including skin rejuvenation with microneedling
<u>hair and beauty industry authority (HABIA)</u>	Standard setting body for National Occupational Standards for Beauty, Aesthetics, and Wellbeing
<u>joint council for cosmetic practitioners (JCCP)</u>	Professional standards, voluntary register, guidance
<u>save face</u>	Voluntary register and advice

part H: templates, tools and resources

4. finding your local authority

how to contact your local council

find your local authority:

- Enter your postcode at: www.gov.uk/find-local-council
- Contact the Environmental Health department
- Ask specifically about: “registration or licensing for microneedling/skin-piercing”

questions to ask:

- Do I need to register my microneedling business?
- What are the fees?
- What documentation do I need to provide?
- What standards must my premises meet?
- How long does the application process take?
- Will you conduct an inspection?
- Are there specific local bylaws I should know about?

5. insurance providers

finding appropriate insurance

specialist aesthetic and beauty therapy insurers include:

- BABTAC
- Hamilton Fraser
- Cosmetic Insure
- Balens

when getting quotes, ensure:

- Microneedling is specifically listed and covered
- Public liability: minimum £5-10 million
- Professional indemnity: minimum £1-6 million
- Employers’ liability if you have staff: minimum £5 million (legal requirement)
- Cover includes legal defense costs
- Understand any exclusions
- Understand the difference between ‘claims-made policy’ and ‘occurrence-made policy’

part H: templates, tools and resources

6. recommended reading and further learning

books:

the concise guide to dermal needling*- Dr. Lance Setterfield***level:** Beginner - Advanced**overview:**

A foundational text covering skin anatomy, wound healing, treatment protocols, and safety considerations.

why it's recommended:

Widely regarded as the industry standard reference for microneedling practitioners.

best for: Building strong theoretical and practical knowledge.

percutaneous collagen induction with microneedling*- Emerson Lima***level:** Intermediate - Advanced**overview:**

A highly visual, step-by-step procedural guide for treating scars, wrinkles, and pigmentation.

why it's recommended:

Includes extensive clinical imagery and practical techniques.

best for: Hands-on practitioners refining treatment skills.

microneedling in clinical practice*- Boris Stoeber et al.***level:** Advanced**overview:**

Explores microneedling within dermatology and broader clinical applications.

why it's recommended:

Bridges aesthetic practice with medical science.

best for: Clinic-based practitioners seeking deeper clinical insight.

microneedling: global perspectives in aesthetic medicine**level:** Intermediate - Advanced**overview:**

A collection of international techniques, research updates, and case-based insights.

why it's recommended:

Highlights emerging trends and innovations.

best for: Continuing professional development (CPD).

complete guide to microneedling procedures*- Dr. Jared Malik***level:** Beginner - Intermediate**overview:**

A modern guide covering techniques, protocols, and safety standards.

why it's recommended:

Up-to-date and accessible for newer practitioners.

best for: Entry-level professionals building confidence.

journals

- Journal of Cosmetic Dermatology
- Aesthetic Medicine Journal
- British Journal of Dermatology

online learning

- Professional body webinars and courses
- Manufacturer training portals
- NHS England infection control e-learning

conferences + trade shows

- Professional Beauty Exhibitions
- Aesthetic Medicine London
- The Aesthetics Conference & Exhibition (ACE)
- Clinical Cosmetic Regenerative Congress (CCR)
- Local professional trade body events

part I: quick action checklist

Use this checklist to track your progress implementing the requirements in this toolkit. Work through systematically - you don't need to complete everything at once, but prioritise legal requirements first.

how to use this checklist

- Print these pages and tick items as completed
- Focus on one priority at a time
- Set realistic deadlines
- Seek help where needed
- Document everything
- Review quarterly to ensure ongoing compliance

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priority 1: legal compliance

priority 2: premises and equipment setup

priority 3: procedures and documentation

priority 4: training and competence

priority 5: quality assurance and monitoring

part I: quick action checklist

priority 1: legal compliance

Ensure you complete this checklist as the first priority.

Check local authority licensing requirements - Contact local council

Register/apply for license if required - Submit application with required documentation

Obtain appropriate insurance - Professional indemnity, public liability, employers' liability if employing staff

Verify practitioner qualifications – Regulated qualifications and training in microneedling, infection control, first aid

Create Health & Safety Policy - Customize HSE template for your business

Complete risk assessments - All treatments, premises, equipment, substances

Obtain Safety Data Sheets - For all chemicals and products used

Complete COSHH assessments - All hazardous substances

Arrange clinical waste collection - Licensed contractor, waste transfer notes

Create GDPR-compliant data protection policy - Privacy notice, consent procedures

Implement secure data storage - Passwords, encryption, locked cabinets

notes

part I: quick action checklist

priority 2: premises and equipment setup

Ensure premises meet standards - Cleanable surfaces, hand wash facilities, separate sinks

Designate clean and contaminated zones - Clear separation maintained

Purchase CE/UKCA marked microneedling device - Professional use only

Complete device-specific training - Manufacturer certification

Stock sterile single-use cartridges - Check batch numbers and expiry dates

Purchase medical-grade disinfectants - BS EN standards compliant

Stock appropriate PPE - Nitrile gloves, masks, aprons, eye protection

Install sharps bins - BS 7320:1990 compliant, one per treatment room

Set up clinical waste storage area - Secure, away from public access

Stock first aid kit - Appropriate for clinic needs

Arrange PAT testing - All electrical equipment

notes

part I: quick action checklist

priority 3: procedures and documentation

Create all client forms - Registration, health questionnaire, consent, aftercare

Develop treatment protocols - Standard operating procedures for microneedling

Create cleaning schedules - Daily, weekly, monthly tasks

Develop infection control procedures - Hand hygiene, PPE, decontamination

Create emergency response protocols - Fire, first aid, adverse reactions, needlestick injury

Develop incident reporting system - Forms and procedures

Create equipment maintenance log - Service schedule, PAT testing, calibration

Set up client record system - Digital or paper, secure and organized

Develop contraindication screening process - Absolute and relative

Create pre-treatment instructions - Written guidance for clients

Create comprehensive aftercare leaflets - Include warning signs

notes

part I: quick action checklist

priority 4: training and competence

- Verify microneedling qualifications** - All practitioners
- Complete infection control training** - NHS Core Skills Framework aligned
- Complete First Aid at Work training** - Valid certification
- Book Hepatitis B vaccination course** - 3 injections over 6 months
- Create staff training matrix** - Track all qualifications and expiry dates
- Conduct induction training** - All new staff, document completion
- Schedule annual refresher training** - Health & safety, infection control
- Plan CPD for the year** - Minimum 12-20 hours
- Conduct competency assessments** - Annual minimum for all practitioners

notes

part I: quick action checklist

priority 5: quality assurance and monitoring

Implement daily safety checks - Pre-opening checklist

Schedule internal audits - Quarterly recommended, annual minimum

Create audit checklist - Infection control, documentation, equipment, premises

Set up client feedback system - Surveys, reviews, follow-up calls

Implement performance metrics tracking - Satisfaction, adverse events, complaints

Schedule team meetings - Monthly or quarterly to discuss quality and safety

Create incident review process - Root cause analysis, learning

Document continuous improvement actions - Track changes and outcomes

Ongoing Maintenance

Once initial setup complete, maintain compliance through:

- **Daily:** Safety checks, cleaning, documentation
- **Weekly:** Deep cleaning, stock checks
- **Monthly:** Equipment checks, review incidents, team meeting
- **Quarterly:** Internal audit, performance review, CPD planning
- **Annually:** Policy review, risk assessment update, competency assessment, licensing renewal

notes

appendices

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references

glossary

document control

references

- Health and Care Act 2022
- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- The Personal Protective Equipment at Work (Amendment) Regulations 2022
- Environmental Protection Act 1990
- Waste (England and Wales) Regulations 2011
- Special Waste Regulations 1996 (Scotland)
- The Controlled Waste and Duty of Care Regulations (Northern Ireland) 2013
- UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018
- Local Government (Miscellaneous Provisions) Act 1982, Part VIII
- Public Health (Wales) Act 2017
- Civic Government (Scotland) Act 1982 (Licensing of Skin Piercing and Tattooing) Order 2006
- The Local Government (Northern Ireland) Order 2005
- CIEH (2013) Tattooing and Body Piercing Guidance Toolkit
- NHS England Infection Prevention and Control Core Skills Framework
- British Standards: BS EN 1276, BS EN 13697, BS EN 14476, BS 7320:1990

term	definition
microneedling	Controlled puncturing of the skin using fine needles to stimulate collagen and elastin production, also known as collagen induction therapy
sharps	Items capable of cutting or piercing skin, including microneedling cartridges, needles, and blades
COSHH	Control of Substances Hazardous to Health Regulations - framework for managing chemical risks
EHO	Environmental Health Officer - local authority enforcement officer who conducts inspections
CPD	Continuing Professional Development - ongoing learning and skill development
PPE	Personal Protective Equipment - gloves, masks, aprons, eye protection
SDS	Safety Data Sheet - document detailing hazards and safe handling of substances
UK GDPR	United Kingdom General Data Protection Regulation - data protection law
contraindication	Condition or factor that makes a treatment inadvisable (absolute) or requiring caution (relative)
informed consent	Voluntary agreement to treatment after understanding risks, benefits, and alternatives
duty of care	Legal obligation to ensure safety and wellbeing of clients and staff
clinical waste	Waste contaminated with blood or bodily fluids requiring special disposal
aseptic technique	Procedures to prevent contamination and infection during treatment
PAT testing	Portable Appliance Testing - safety inspection of electrical equipment
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
fitzpatrick scale	Classification system for skin types I-VI based on pigmentation and sun sensitivity
adverse event	Unwanted or unexpected outcome following treatment
root cause analysis	Systematic investigation to identify underlying causes of incidents
competency assessment	Evaluation of practitioner's knowledge, skills, and safe practice

document control

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Approved by: Bابتac

important disclaimer

This toolkit provides guidance on good practice and legal requirements for microneedling in the UK. While every effort has been made to ensure accuracy, it is not a substitute for professional legal advice.

users should:

- Verify local authority requirements in their specific area
- Seek professional legal advice where appropriate
- Stay informed of legislative changes
- Adapt templates and procedures to their specific circumstances
- Consult with professional bodies and insurance providers

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