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Standards for Non-Surgical Cosmetic Procedures

Version 2

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Health Policies and Standards Department
Health Regulation Sector (2022)

INTRODUCTION

Health Regulation Sector (HRS) forms an integral part of Dubai Health Authority (DHA) and is mandated by DHA Law No. (14) of 2021 Amending Law No. (6) of 2018

Concerning the Dubai Health Authority, to undertake several functions including but not limited to:

- Developing regulations, policies, standards, guidelines, and manuals to improve quality and patient safety and promote the growth and development of the health sector;
- Licensure of health facilities (HF) as well as healthcare professionals (HP) and ensuring compliance to best practice.
- Perform audit, and inspection on health facilities (HF) as well as healthcare professionals (HP) to maintain high standards of quality and safety.
- Managing patient complaints and assuring patient and physician rights are upheld;
- Strengthening health tourism and assuring ongoing growth; and
- Assuring management of health informatics, e-health and promoting innovation.

The Standards for Non-Surgical Cosmetic Procedures aims to fulfil the following overarching DHA Strategic Priorities (2022-2026):

- Pioneering Human-centered health system to promote trust, safety, quality and care for patients and their families.
- Make Dubai a lighthouse for healthcare governance, integration and regulation.

- Foster healthcare education, research and innovation.
- Strengthening the economic contribution of the health sector, including health tourism to support Dubai economy.

ACKNOWLEDGMENT

The Health Policy and Standards Department (HPSD) developed this Standard in collaboration with Subject Matter Experts. HPSD would like to acknowledge and thank these health professionals for their dedication toward improving quality and safety of healthcare services in the Emirate of Dubai.

Health Regulation Sector

Dubai Health Authority

TABLE OF CONTENTS

INTRODUCTION	2
ACKNOWLEDGMENT	3
ABBREVIATIONS	10
1. BACKGROUND	11
2. SCOPE.....	12
3. PURPOSE	12
4. APPLICABILITY	12
5. STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES	12
6. STANDARD TWO: HEALTH FACILITY REQUIREMENTS	14
7. STANDARD THREE: HEALTHCARE PROFESSIONALS REQUIREMENTS	16
8. STANDARD FOUR: RESPONSIBILITY OF THE MANAGEMENT	24
9. STANDARD FIVE: TRAINING COURSE REQUIREMENTS AND COMPETENCIES	27
10. STANDARD SIX: EQUIPMENT AND SAFETY.....	31
11. STANDARD SEVEN: PATIENT MANAGEMENT	32
REFERENCES	35
APPENDICES.....	37
APPENDIX 1: NON-SURGICAL COSMETIC PROCEDURES BY PROFESSIONAL CATEGORIES... 37	
APPENDIX 2: APPROVED LASER AND IPL COURSE OUTLINE	41
APPENDIX 3: LASER CLASSIFICATION	44
APPENDIX 4: LASER PROTECTIVE EYEWEAR	48
APPENDIX 5: SAFETY GUIDES AGAINST LASER RADIATION	49

EXECUTIVE SUMMARY

The Standards for non-surgical cosmetic procedures focuses on the practice of non-surgical cosmetic procedures, with an emphasis on the healthcare professional requirements, training requirements and competencies, as well as quality of care and safety of patients. It elaborates the licensing process and requirements, the physical design requirements that are aligned with the DHA, Health Facility Guidelines (HFG) 2019, the requirements of Healthcare Professionals and the associated patient care.

This standard is updated to promote consistently high standards for non-surgical cosmetic procedures across DHA health facilities, to enhance patient satisfaction and to improve the non-surgical cosmetic procedures and services, which can enhance patient experience and reduce the risk of complications.

The key updates on Version 2 are set out below:

1. Clarified Botulinum Toxin in definitions.
2. The facility design shall be as per the outpatient facility units, number 360 in section B, [DHA Health Facility Guideline 2019](#).
3. All healthcare professionals should have at least two years clinical experience post-graduation prior to enrolling in any non-surgical cosmetic training.
4. All healthcare professionals coming from abroad should have a minimum of two (2) years' experience performing non-surgical cosmetic procedures prior to

working in the field of non-surgical cosmetics. Beauty Therapist require a minimum of one (1) year experience.

5. One member of the CPC is a full time or par time DHA licensed Consultant/Specialist Dermatologist or Plastic Surgeon.
6. Clarify the responsibilities of the dermatologist/plastic surgeon.
7. Standards for laser and IPL hair removal is now included and updated in this standard.
8. Treatment of lasers (class 2 or higher), light (IPL and LED) or other energy devices
9. Clarify the requirements for other healthcare professionals, General practitioners, allied healthcare performing certain non- surgical cosmetic procedures.
10. Orthodontics, Prosthodontics and Maxillofacial surgeons can perform Botulinum toxin injections in the face only.
11. Update the role and responsibilities of the clinic management team.
12. Update the training course requirements and competencies
13. Beauty therapist and massage therapist may perform limited number of non-surgical procedures listed in Appendix 1, in a salon or a non-clinical setting without the supervision of a healthcare professional , except for the following procedures:
 - a. Laser hair removal and IPL.
 - b. Microneedling.
14. Update of appendix 1.

DEFINITIONS

Adipose Tissue-Derived Stem Cells (ADSCs) are mesenchymal cells with the capacity for self-renewal and multi-potential differentiation. This multi-potentiality allows them to become adipocytes, chondrocytes, myocytes, osteoblasts and neurocytes among other cell lineages.

Botulin Toxin type A (Botox) is a neurotoxin used as an injection for certain neurological conditions and also used as a treatment of wrinkles, such as deep frown lines between the eyes, expression lines on the forehead & crow feet around the eyes.

Chemical Peels is a skin-resurfacing procedure in which a chemical solution is applied to the skin to remove the top layers. The skin that grows back after a chemical peel is smoother and younger looking. Chemical peels are used to treat wrinkles, skin discoloration, acne and scars — typically on the face. It can be done alone or in combination with other cosmetic procedures.

Clinical Privilege is the process of giving a DHA licensed Healthcare Professional (HP) permission to carry out specific duties as per health facility scope of practice and licensure. This involves the review of credentials and qualifications, training, competence, practical independence and experience.

Dermal Fillers also known as injectable implants, Soft Tissue Fillers, or wrinkle fillers, are medical device implants used in helping to create a smoother and/or fuller appearance in

the face, including nasolabial folds, cheeks and lips and for increasing the volume of the back of the hand. There are a number of filler agents; therefore, the physician is responsible to know which substance is best suitable for the patient.

Laser is an acronym for Light Amplification by Stimulated Emission of Radiation. A laser is a device, which is built on the principles of quantum mechanics to create a beam of light where all of the photons are in a coherent state - usually with the same frequency and phase (most light sources emit incoherent light, where the phase varies randomly). Among the other effects, this means that the light from a laser is often tightly focused and does not diverge much, resulting in the traditional laser beam.

Laser Classification refers to the classification used to define safety measures prescribed for each class of laser. More stringent safety measures are required for the highest classes.

Manual lymphatic drainage (MLD) is a type of massage based on preliminary evidence, which is hypothesized to encourage the natural drainage of the lymph, which carries waste products away from the tissues.

Mesotherapy A procedure in which multiple tiny injections of pharmaceutical or/and vitamins are delivered into the mesodermal layer of tissue under the skin, to promote the loss of fat or cellulite, skin rejuvenation and hair loss treatment.

Microdermabrasion is a skin rejuvenation procedure that uses a spray of fine crystals or minute diamond-studded tips to abrade the skin and vacuum suction to remove dead skin

cells. A method for improving superficial environmental, aging, hereditary, and posttraumatic skin changes (for example, acne, hyperpigmentation, fine lines) by superficial, mechanically powered abrasion, often combined with application of topical crystals (such as vitamin C). More superficial than traditional dermabrasion and therefore does not ordinarily produce a de-epithelized wound.

Microdermabrasion treatments refers to the use of minimally abrasive instrument to gently sand the skin, removing the thicker, uneven outer layer. This type of skin rejuvenation is used to treat light scarring, discoloration, sun damage, and stretch marks.

Non-surgical Cosmetic Procedures refers to elective techniques, and principles focused on enhancing a patient's appearance, and can be performed on all areas of the head, neck, and body. These procedures comprise of non-invasive and minimally invasive cosmetic procedures also known as aesthetic non-surgical procedures.

Surgical Cosmetic Procedures refers to elective operations and other procedures involves doing incisions, suturing and injectable anesthesia to revise or change the appearance, colour, texture, structure, or position of bodily features.

Verbal consent is where the patient orally state the agreement to a procedure/treatment which does not carry a significant risk.

Written consent (Informed Consent) refers to an agreement or permission accompanied by full information on the nature, risks and alternatives of a surgical or interventional

procedure before the doctor begins the procedure/treatment. Accordingly, the patient either consents to or refuses.

ABBREVIATIONS

ADSCs	:	Adipose-Tissue Derived Stem Cells
BLS	:	Basic Life Support
CPC	:	Clinical Privileging Committee
CPD	:	Continuous Professional Development
DHA	:	Dubai Health Authority
HFG	:	Health Facility Guidelines
HRS	:	Health Regulation Sector
IPL	:	Intense Pulse Light
LSE	:	Laser Safety Eyewear
MERD	:	Medical Education And Research Department
MLD	:	Manual lymphatic drainage
MOHAP	:	Ministry of Health and Prevention
MOU	:	Memorandum of Understanding
RN	:	Registered Nurse
UAE	:	United Arab Emirates

1. BACKGROUND

The cosmetic sector encompasses an enormous range of services. These services can be categorised into two distinct fields that is, surgical and non-surgical. The growing interest for cosmetic services has prompted the need to put in place regulation.

Dubai Health Authority (DHA) has therefore developed Standards for Non-Surgical Cosmetic Procedures to assure all health facilities and professionals meet the minimum obligations for high quality and safe care. All health facilities must ensure their Healthcare Professionals only provide services that are within the facility scope of practice and granted privileges. Healthcare professionals have a duty to ensure they maintain their knowledge and skills to provide safe, high quality and effective services. Healthcare professionals should ensure they work within the parameters of good governance and medical ethics at all times. Healthcare professionals are obliged to work with their patients to ensure decisions making is done in a supportive and collaborative manner. In doing so, healthcare professionals have the responsibility to ensuring the following:

- Listen to, and respond to, the patient concerns and preferences.
- Give patients the information they want or need in a way they can understand.
- Respect patients' right to reach decisions about their treatment and care.
- Support patients in caring for themselves to improve and maintain their health

- Ensure decisions toward treatment are informed and take into account the treatment options, risks and expected outcomes.

2. SCOPE

- 2.1. Non-Surgical Cosmetic Procedures in DHA licensed health facilities.

3. PURPOSE

- 3.1. To assure provision of the highest levels of safety and quality Non-Surgical Cosmetic Procedures in DHA licensed health facilities.

4. APPLICABILITY

- 4.1. DHA licensed healthcare professionals and health facilities providing Non-Surgical Cosmetic Procedures.

5. STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES

- 5.1. All health facilities providing Non-Surgical Cosmetic Procedures shall:
 - 5.1.1. Adhere to all relevant federal and local laws and regulations.
 - 5.1.2. Comply with the DHA licensure and administrative procedures to get [New Facility License](#), available on the DHA website.
 - 5.1.3. Apply to the Health Regulation Sector (HRS) to obtain permission to provide the required service(s) or an add on service.
 - 5.1.4. Have in place internal policies and procedures for the following, but not limited to:

- a. A clearly defined policy on what constitutes a “medical-related” procedure.
 - b. Incident reporting.
 - c. Service description and scope of services.
 - d. Patient assessment criteria.
 - e. Patient education and communication.
 - f. Informed consent.
 - g. Patient health record, confidentiality and privacy.
 - h. Hazardous waste management.
 - i. Infection control measures.
 - j. Medication management.
 - k. Readiness plan/Emergency response.
 - l. Staffing plan, staff management and clinical privileging.
 - m. Clinical audit and quality performance management.
 - n. Patient complaint.
- 5.1.5. Ensure adequate lighting and utilities, including temperature controls, water taps, medical gases, sinks and drains, electrical outlets and communications.
- 5.1.6. Ensure that all provided Non-Surgical Cosmetic Procedures conducted is encompassed within its permitted license.

5.2. Non-surgical cosmetic services should be provided in DHA licensed health facilities, which permits plastic surgeries and/or dermatology services. These facilities include:

- a. Hospitals
- b. Day surgical centres
- c. Outpatient clinics

6. STANDARD TWO: HEALTH FACILITY REQUIREMENTS

6.1. The facility design shall be as per the outpatient facility units, number 360 in section B, [DHA Health Facility Guideline 2019](#).

6.2. The health facility providing Non-Surgical Cosmetic Procedures shall

6.2.1. Ensure all consumables, equipment, pharmaceutical drugs/products required for each procedure are stored in a secured area.

6.2.2. Provide comfortable and safe treatment environment in the health facility and assure patient privacy and confidentiality.

6.2.3. Always have in place appropriate equipment and trained qualified healthcare professionals to perform the services.

6.3. The health facility providing laser therapy must ensure that the laser environment and laser safety requirements comply with DHA standards and policies.

6.3.1. The room shall have a minimum floor area of 7.5 square meters.

- 6.3.2. Room arrangement shall permit a minimum clearance of ninety (90) centimetres at each side and at the foot of the bed.
- 6.3.3. The room entrance shall have a laser safety sign posted visibly on the door.
- 6.3.4. Protective measures need to be taken to prevent stray laser radiation from leaving the room or from reflecting and for safe laser and IPL practice. These measures include but are not limited to:
- a. The walls of the room should be painted with a matt coloured paint.
 - b. Selected flooring surfaces shall be easy to maintain, readily cleanable and appropriately wear-resistant for the location. Wooden flooring could be used in treatment rooms. Carpets shall not be used in the treatment room.
 - c. The room shall have no metallic surfaces or mirrors.
 - d. The light used in the room must be non-reflecting.
 - e. Windows shall be kept closed and curtain used shall be made of non-reflecting materials.
 - f. Treatment couch shall be white colour or covered with white sheet.
 - g. Non-reflective instruments shall be used.

6.4. The health facility shall be made to accommodate people of determination.

7. STANDARD THREE: HEALTHCARE PROFESSIONALS REQUIREMENTS

7.1. All healthcare professionals practising in a non-surgical cosmetic health facility are required to:

7.1.1. Hold an active DHA full time or part time professional license and work within their scope of practice and granted privileges.

7.1.2. Have a valid Basic Life Support (BLS) Certificate.

7.1.3. Must hold an up to date medical malpractice insurance.

7.2. All healthcare professionals shall refrain from using any other names or speciality titles that is different from their DHA license such as Cosmetic Specialist or Consultant, Aesthetic Specialist or Consultant, Aesthetician, Cosmetologist, Beauty Specialist or Consultant, Anti-Aging Specialist or Consultant, Cosmetic or Beauty Expert etc.

7.3. All healthcare professionals coming from abroad should have a minimum of two (2) years experience performing non-surgical cosmetic procedures prior to working in the field of non-surgical cosmetics.

7.3.1. Beauty Therapist require a minimum of one (1) year experience.

7.4. Non-surgical cosmetic procedures that requires general sedation and/or general anaesthesia shall only be performed in hospitals or Day surgical centres as per

[DHA Standards for standalone day surgery centres.](#)

- 7.4.1. In the event where the use of general sedation or general anaesthesia is preferred in some procedures, a part-time or a full-time anaesthetist must be present during the full duration of the procedure.
- 7.5. All healthcare professionals performing hair laser procedures will require having a separate DHA license for hair laser procedures and a separate DHA recognized hair laser certificate training.
- 7.5.1. Only the following healthcare professionals can provide hair laser and IPL supervision with a DHA license for hair laser procedure and training certificate:
- a. Consultant/ Specialist Family Medicine;
 - b. Consultant/ Specialist Internal Medicine;
 - c. General Practitioner with not less than five (5) years' experience in non-surgical cosmetic procedures.
- 7.5.2. Treatment of lasers (class 2 or higher), light (IPL and LED) or other energy devices shall only be applied by healthcare professionals in accordance to written instructions and treatment plan by the treating physician.
- 7.5.3. Consultant or Specialist Plastic surgeons and Dermatologist:
- a. May supervise hair laser treatments and IPL services;
 - b. Do not require an additional training certificate.

- 7.5.4. The following licensed healthcare professionals may apply to add “Laser Hair Technician” title to their current license after successful completion of an accredited laser training course for hair reduction with evidence of Ten (10) hands on training cases, in addition to being privileged by the MD:
- a. Registered Nurse;
 - b. Assistant Nurse;
 - c. Beauty therapist.
- 7.5.5. Laser technicians are prohibited from practicing beyond their scope in hair reduction service and an “undertaking letter” shall be signed to ensure compliance.
- 7.6. Health care professionals providing cosmetic and skin rejuvenation using Autologous Adipose-Tissue Derived Stem Cells (ADSCs) shall require a separate DHA licensure approval for ADSCs and approval from the medical director of the health facility where the service is provided.
- 7.6.1. A DHA consultant plastic surgeon shall supervise all cosmetic and rejuvenation use of ADSCs .
- 7.6.2. All physicians providing cosmetic ADSC must be certified in the appropriate field with evidence of recognized training in ADSCs

therapy with clear description on the amount and the nature of the hands-on training received, including:

- a. Donor selection.
- b. The selection of procedures.
- c. The preparation of patients.
- d. Screening for infectious diseases.
- e. Maintenance of asepsis in non-hospital settings.
- f. Intra-operative patient monitoring.
- g. Post-operative care and follow-up.
- h. Quality improvement in surgical services.
- i. Hands-on training in the surgical technique for liposuction.
- j. Fluid and electrolyte balance, potential complications of ADSCs Therapy.
- k. Processing and delivery of the aspirate.
- l. Have certified training in regenerative medicine with experience in liposuction/aspirate resulting in demonstrated competency.
- m. Training for regenerative medicine should include a minimum of 30 cases.

- n. Have evidence of satisfactory performance of ADSCs Therapy procedures.
 - o. Have evidence of Continuous Medical Education in ADSCs/SVFCS (CME 25) per year.
 - p. Hold an Advanced Cardiac Life Support (ACLS) or Advanced Life Support (ALS) certification.
- 7.6.3. Information on the setting required, registered nurse and lab technician supporting ADSCs therapy, refer to DHA standards for Autologous Adipose-Tissue Derived Stem Cells/Stromal Vascular Fraction Cells (ADSCs/SVFCs) Therapy.
- 7.7. The Clinical Privileging Committee (CPC) lead by the Medical Director of the health facility shall ensure:
- 7.7.1. That at least one (1) member of the CPC is a part time or a full time DHA licensed,
 - a. Consultant/Specialist Dermatologist; OR
 - b. Consultant/Specialist Plastic Surgeon.
 - 7.7.2. The CPC is responsible to:
 - a. Privilege and un-privilege all healthcare providers as per the DHA Policy for Clinical Privileging Policy to perform non-surgical cosmetic procedures as listed in Appendix 1.

- b. Responsible and accountable for the privileges provided.
- 7.8. Specialist/consultant other than dermatologist/plastic surgeons shall fulfil the following additional criteria prior to working or performing non-surgical cosmetic procedures:
- 7.8.1. Holds a recognised specific in-person training certificate from an established institution recognized by an authorized accrediting body in the same country as per the requirements set in standard 5.
- 7.8.2. Should adhere to the privileges of the non-surgical cosmetic procedures as per **Appendix 1**.
- 7.8.3. Should be able to take direct responsibility for the consequences of treatment and clinical management of complications.
- 7.8.4. Shall perform the following procedures only as per their relevant speciality and scope of practice:
- a. PRP in body parts,
 - b. Botulin toxin and/or fillers in body parts,
 - c. Facial threading including eyebrow lift and cat eyes.
- 7.9. DHA licensed specialist dentists shall fulfil the following criteria:
- 7.9.1. All General Dentists and dental specialities are not allowed to perform Botox and filler procedures except for the following DHA licensed specialist dentists:

- a. Orthodontic or,
 - b. Prosthodontic or,
 - c. Maxillofacial surgeon
- 7.9.2. Hold a recognised specific in-person training certificate from an established institution recognized by an authorized accrediting body in the same country as per the requirements set in standard 5.
- 7.9.3. Should adhere to the privileges of the non-surgical cosmetic procedures as per Appendix 1.
- 7.10. General Practitioners performing the Non-Surgical Cosmetic Procedures shall fulfil the following additional criteria:
- 7.10.1. Have at least two (2) years clinical experience post-graduation prior to enrolling in any non-surgical cosmetic training.
 - 7.10.2. Complete one (1) year mentorship following the training under the supervision of a specialist/consultant dermatologist or plastic surgeon as set out in standard 5.
 - a. The one (1) year mentorship may be considered as part of the required two (2) years clinical experience in non-surgical cosmetic procedures.

- 7.10.3. Holds a recognised specific in-person training certificate from an established institution recognized by an authorized accrediting body in the same country as per the requirements set in standard 5.
- 7.10.4. Should obtain the privilege to perform non-surgical cosmetic procedures from the CPC as per Appendix 1.
- 7.10.5. Must perform non-surgical cosmetic procedures in accordance to the licensed consultant/specialist Plastic surgeon and/or Dermatologist.
- 7.11. Registered Nurses (RN), physiotherapists, massage and beauty therapists may only provide a limited number of non-surgical cosmetic procedures as per Appendix 1 , where it is prescribed by a DHA licensed Consultant/Specialist Dermatologist or Consultant/Specialist Plastic Surgeon and in accordance to their written instructions and treatment plan with the provision that they meet the following additional minimum requirement:
- 7.11.1. Holds a recognised specific in-person training certificate from an established institution recognized by an authorized accrediting body in the same country as per the requirements set in standard 5
- 7.11.2. Should obtain the privilege to perform non-surgical cosmetic procedures from the CPC as per Appendix 1.
- 7.11.3. Beauty therapist and massage therapist may perform limited number of non-surgical procedures listed in Appendix 1, in a salon or a non-

clinical setting without the supervision of a healthcare professional,
except for the following procedures:

- a. Laser hair removal and IPL.
- b. Microneedling.

8. STANDARD FOUR: RESPONSIBILITY OF THE MANAGEMENT

8.1. The health facility shall ensure the availability of at least one (1) full time or part time DHA licensed consultant/specialist plastic surgeon and/or dermatologist in the health facility to supervise non-surgical cosmetic procedures.

8.1.1. Hair Laser procedures can be supervised by the following:

- a. Consultant/ Specialist Family Medicine;
- b. Consultant/ Specialist Internal Medicine;
- c. General Practitioner with not less than five (5) years' experience in non-surgical cosmetic procedures.

8.2. The health facility shall ensure that the licensed consultant/specialist plastic surgeon and/or dermatologist should:

- 8.2.1. Be part of the clinical privileging committee.
- 8.2.2. Determine the necessary competence of the healthcare professional performing the non-surgical cosmetic procedure.

- 8.2.3. Assess and ensure that healthcare professionals are competent on the basis of training, skills and experience.
- 8.2.4. Where applicable take actions to acquire the necessary competence and evaluate the actions taken.
- 8.2.5. Retain documented information as evidence of competence and granted privileges.
- 8.2.6. Check the professional credentials and certified training of all healthcare professional applying to provide services under his/her responsibility.
- 8.2.7. Grant and remove privileges.
- 8.3. The health facility shall ensure that the DHA licensed consultant/specialist in plastic surgery or dermatology supervising non-surgical cosmetic procedures shall be:
 - 8.3.1. Proficient within the specific area of practice under assessment and able to provide a role model for the trainee.
 - 8.3.2. Preferably be a member of a scientific society of their profession.
 - 8.3.3. Meet the qualification requirements for the treatment being supervised/assessed.
 - 8.3.4. Have a minimum of three (3) years of post-qualification experience delivering the procedure for which they will be supervising and should

have performed delivery of minimum hundred and fifty (150) of the same procedure.

- 8.4. The health facility shall ensure that all policies and procedures which are regularly reviewed as well as making provision for training all staff on the contents of policies and procedures.
- 8.5. The health facility should maintain accurate and complete personnel records for all employees, including training records logs, such records shall be maintained and kept confidential.
- 8.6. A regular in-house training and an ongoing professional development system should be in place to ensure the core skills and competencies of staff are always met.
- 8.7. CPD activities and evidence of hands on learning should be documented.
- 8.8. A structured and uniform system shall be maintained to assure adequate staffing levels, staff orientation, and staff training needs, professional retention and staff performance evaluation.
- 8.9. The management of the health facility should ensure that all healthcare professionals adhere to the DHA [Standards for Medical Advertisement Content on Social Media](#).
- 8.10. Ensure that all staff are continuously participating in the risk management and quality improvement activities

9. STANDARD FIVE: TRAINING COURSE REQUIREMENTS AND COMPETENCIES

9.1. All training courses in non-surgical cosmetic procedures shall comply with the requirements of the Medical Education Research Department (MERD) in DHA.

9.2. All Healthcare professionals intending to provide non-Surgical cosmetic procedures must complete and provide evidence of a recognised specific in-person training certificate from an established institution recognized by an authorized accrediting body in the same country. The approved training program should consist of the following:

9.2.1. **Theoretical component:** Comprehensive theoretical lecture and educational materials, which may be provided online or in person. This should include:

- a. A firm understanding of the basic science principles, which includes but is not exclusive of anatomy, physiology and pharmacology.
- b. Issues related to ethics, psychology and consent.

9.2.2. **Practical component:** A minimum of 50% of hands on in- person training course/program should be devoted to the development of practical skills under supervision of a licensed consultant/specialist plastic surgeon or dermatologist.

9.2.3. Newly enrolled General practitioners or upon license renewal shall require the following one-time additional criteria post the practical training:

- a. A minimum period of one (1) year mentorship, under the supervision of a DHA licensed consultant/specialist plastic Surgeon or dermatologist
- b. A logbook or a portfolio of the procedures observed and performed under supervision, which should be provided on request.

9.2.4. Practical component for laser and IPL courses shall be for at least ten (10) cases with documented evidence. See **Appendix 2**

9.2.5. **Evaluation part:** to ensure trainees have mastered the skill to a high standard of care and safety, and are able to perform the procedure independently and manage complications.

- a. A summative examination of practical skills in simulated learning environment or setting to assess proficiency and achievement of learning outcomes and;
- b. An oral or written assessment and examination of specific knowledge and skills.

- c. Patients' experience and feedback supported by a final sign-off of proficiency.
- 9.3. The training certificate should state the number of completed Continuous Professional Development (CPD) hours and should satisfy the minimum requirements for competency for clinical practice.
 - 9.4. All healthcare professionals are encouraged to attend at least two (2) CPD accredited events per year relevant to the sphere of non-surgical cosmetic procedure he/she performs as part of the annual CPD points required for DHA license renewal.
 - 9.5. The competencies required by the healthcare professionals to provide non-surgical cosmetic procedures are to:
 - 9.5.1. Accurately assess patient needs.
 - 9.5.2. Deliver the cosmetic procedure safely and appropriately.
 - 9.5.3. Demonstrate insight into the limitations and their own scope of practice.
 - 9.5.4. Identify and explain the relevant risks of the proposed treatment.
 - 9.5.5. Undertake a thorough history, including relevant past medical history and current medication, to inform the management plan
 - 9.5.6. Identify instances when treatment is not in the patient/client's best interests

- 9.5.7. Provide a rationale for decisions to treat and not treat, and for choice of modality
- 9.5.8. Communicate effectively and openly with patients/clients
- 9.5.9. Understand and describe the influences that can affect the choices made by patients and Healthcare Professionals about cosmetic interventions to be used.
- 9.5.10. Encourage patients to use independent emotional support to foster realistic expectations, enhance safety and maximise consultation time and results
- 9.5.11. Apply the principles of evidence-based practice
 - a. Understand and describe the possible interactions between different procedures and demonstrate how to apply evidenced based practice
 - b. Use knowledge and skills to achieve optimal results and minimize the risk of complications
 - c. Recognize their own professional accountability and responsibility for delivery of procedures and manage their practice in an ethical way

- d. Understand and explain the roles and relationships of others involved in the prescription, delivery and supervision of cosmetic intervention
- e. Deliver the cosmetic procedure safely, effectively and to a high standard.

10. STANDARD SIX: EQUIPMENT AND SAFETY

- 10.1. The health facility shall have the necessary personnel, equipment and procedures to handle medical and other emergencies.
- 10.2. All equipment used in patient care shall be maintained according to manufacturers' specifications.
- 10.3. Ensure that all medical equipment and devices used for Non-Surgical Cosmetic Procedures, including Laser and IPL equipment must be registered and approved in accordance with the Ministry of Health and Prevention (MOHAP) United Arab Emirates (UAE), Medical Devices Registration Guidelines and in accordance with UAE Federal Law No. (8) Of (2019). Concerning Medical products, Pharmacy profession and Pharmacies.
- 10.4. Ensure that all equipment are tested for operation and safety prior to use and records of testing are documented with a date for re-testing.
- 10.5. Ensure that specific training is provided for all new equipment and devices that are to be used in the concurrent practice.

- 10.6. Ensure that safety measures are adhered to during procedures this includes and not limited to testing patches, sterilization of equipment, infection control and the use of appropriate personal protection equipment such as safety goggles must be worn by healthcare professionals and patients during wherever recommended for cosmetic procedures.
- 10.7. Ensure principles of safety for laser and Intense Pulse Light (IPL) is being adhered to. This includes and not limited to:
- 10.7.1. Mandatory checks of all Laser Safety Eyewear (LSE) shall be performed to verify the appropriate wavelength and optical density imprinted on each pair of LSE prior to use.
- 10.7.2. Switching off laser equipment in between uses.
- 10.7.3. Smoking shall be strictly prohibited.
- 10.7.4. All filters shall be replaced according to the manufacturer's recommendation and this should be documented. Dye and filter changes shall be performed when the room is empty. See **Appendix 5**
- 10.8. Ensure the availability of a risk assessment and register.

11. STANDARD SEVEN: PATIENT MANAGEMENT

- 11.1. A face-to-face consultation and assessment with the patient is mandatory prior to performing any non-surgical cosmetic procedure.
- 11.1.1. Remote consultation and/or home visit assessment is not acceptable.

- 11.2. Cosmetic Botox and fillers are classified as a prescription-only medicine and shall only be administered by a trained and privileged licensed physician.
- 11.3. An informed and clear written consent should be obtained prior to the procedure and reconfirmed on the day of the procedure. The Non-Surgical Cosmetic Procedure and its implications should be effectively communicated, in a language and manner that is easily understandable, and documented in the consent and if needs be repeated to the patient in each visit.
- 11.4. If the age of the patient is below eighteen (18) years, the parents or legal guardian shall fill and sign the consent form.
- 11.5. Cosmetic Botox and fillers are not permitted to be used for patients under the age of 18 years old.
- 11.6. Ensure that patients are provided with clear written unbiased information and education material about the procedure, risks, financial implications and possible complications and outcomes.
- 11.7. Ensure that all patients are provided with information regarding Patients' Rights and Responsibilities.
- 11.8. Ensure that a clear written criteria for patient selection, which includes and not limited to patient's age, general health and the appropriateness of the procedure, is documented.

- 11.9. Ensure that the patient files has documented marked drawings of where the procedure will be taking place.
- 11.10. Gender of healthcare professional providing the laser and IPL hair removal treatment shall be similar to patient gender. This is not applicable to facial and external extremities treatment.
- 11.11. The healthcare professional providing the procedure should be available to follow-up care.
- 11.12. Patients' health information should be managed as per DHA guidelines for the management of health records.

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APPENDICES

APPENDIX 1: NON-SURGICAL COSMETIC PROCEDURES BY PROFESSIONAL CATEGORIES

Type of procedure/therapy	Dermatologist/ Plastic Surgeon ¹	Other physicians / GP Physician ²	Nurse ³	Physio- therapist	Massage Therapist	Beauty Therapist	Orthodontics/ prosthodontics /Maxillofacial
1 Blackhead and Comedone extraction	✓	✓	✓	x	x	✓	x
2 Body shaping and cellulite reduction machines e.g. LPG, Cool Sculpting or Aqua	✓	✓	✓	✓	✓	✓	x
3 Superficial Chemical Peels /skin resurfacing	✓	✓	✓	x	x	✓	x
4 Deep Chemical Peels	✓	x	x	x	x	x	x
5 Cryotherapy using cooled air (regional and general)	✓	✓	✓	✓	✓	x	x
6 Electrolysis hair removal	✓	✓	✓	x	x	✓	x
7 Botulinum toxin injections (Botox) in the face only excludes nose	✓	✓	x	x	x	x	✓
8 Botox for hyperhidrosis	✓	✓	x	x	x	x	x
9 Fillers and Botulinum toxin injections (Botox) in body parts	✓	consultant and specialist only ⁴	x	x	x	x	x
10 Face fillers including Jaw line contouring and double chin lifting	✓	✓	x	x	x	x	✓
11 Nose fillers and Botox	✓	x	x	x	x	x	x
12 Facial threading including eye brow lift and cat eye	✓	consultant and specialist only ⁵	x	x	x	x	x
13 Hydra-facial	✓	✓	✓	x	x	✓	x

1. Dermatologist and Plastic surgeons do not require additional training

2. Other Consultants/Specialists/GP physicians must have documented evidence of training in non-surgical cosmetic procedures and shall be related to his area of speciality.

3. Nurses must have documented evidence of training and be supervised by a dermatologist or plastic surgeon.

4. Physicians shall only inject body fillers as per their relevant speciality.

5. This procedure shall only be performed by consultant/specialist surgeons, as per their relevant speciality.

Type of procedure/therapy	Dermatologist/ Plastic Surgeon ¹	Other physicians / GP Physician ²	Nurse ³	Physio- therapist	Massage Therapist	Beauty Therapist	Orthodontics/ prosthodontics /Maxillofacial
14 Hair laser removal and IPL ⁴	✓	✓ ⁴	✓ ⁴	x	x	✓ ⁴	x
15 Cool sculpting	✓	✓	✓	x	x	✓	x
16 Skin rejuvenation	✓	✓	✓	x	x	✓	x
17 Hand rejuvenation	✓	✓	✓	x	x	✓	x
18 Manual Lymphatic Drainage (MLD)/(LPG)	✓	✓	✓	✓	✓	✓	x
19 Laser Removal of tattoos	✓	✓	x	x	x	x	x
20 Deep skin subcision for acne scarring	Dermatologist only	x	x	x	x	x	x
21 Treatment of hyperpigmentation	✓	✓	✓	x	x	✓	x
22 Mesotherapy (injectable or Derma Rollers with length >0.5mm)	✓	✓	x	x	x	x	x
23 Micro-needling (topical/needleless devices or Derma rollers with length <0.5 mm)	✓	✓	✓	x	x	✓	x
24 Micro-dermabrasion	✓	✓	✓	x	x	✓	x
25 Photo-dynamic therapy	✓	✓	✓	x	x	x	x
26 Photo-pneumatic therapy	✓	✓	✓	x	x	x	x
27 Platelet Rich Plasma for topical application and injections (face and hair)	✓	✓	x	x	x	x	x
28 Platelet Rich Plasma for topical application and injections (body)	✓	consultant and specialists only ⁵	x	x	x	x	x

1. Dermatologist and Plastic surgeons do not require additional training or a separate laser license.
2. Other Consultants/Specialists/GP physicians must have documented evidence of training in non-surgical cosmetic procedures.
3. Nurses must have documented evidence of training and be supervised by a dermatologist or plastic surgeon.
4. This procedure must be performed in a DHA licensed health facility. Laser and IPL shall be supervised by consultant or specialist Plastic surgeon or dermatologist and/or (family physician, Internal medicine, General practitioner) with hair laser privilege and training certificate. Nurses and Beauty therapist must have a DHA license title "License technician"
5. Physicians shall only inject PRP in areas as per their relevant specialties.

Type of procedure/therapy		Dermatologist/ Plastic Surgeon ¹	Other physicians / GP Physician ²	Nurse ³	Physio- therapist	Massage Therapist	Beauty Therapist	Orthodontics/ prosthodontics /Maxillofacial
29	Semi-permanent Makeup , Micro-blading and removal of semi-permanent makeup including eyebrow and lip tattoo	✓	✓	x	x	x	✓	x
30	Cellulite correction by body devices	✓	✓	✓	✓	✓	✓	x
31	Non-surgical skin tightening/weight loss by light-based devices and external machines only such as infrared, radiofrequency, electrodes ultrasound applicators ⁴	✓	✓	✓	x	✓	✓	x
32	Hair bleaching	✓	✓	✓	x	x	✓	x
33	Ear and Body Piercing	✓	✓	✓	x	x	x	x
34	Non- invasive Double Chin lifting	✓	✓	x	x	x	x	x
35	Non -surgical removal of stretch marks	✓	✓	✓	x	x	x	x
36	Invasive skin procedures (skin opening) for skin tightening, lifting and or dissolving fats in face and body	Plastic surgeon	x	x	x	x	x	x
37	Cellulite Correction	✓	x	x	x	x	x	x
38	Cosmetic use of ADSCs insertion and aspiration ⁵	✓	✓	x	x	x	x	x

1. Dermatologist and Plastic surgeons do not require additional training
2. Other Consultants/Specialists/GP physicians must have documented evidence of training in non-surgical cosmetic procedures.
3. Nurses must have documented evidence of training and be supervised by a dermatologist or plastic surgeon.
4. Infrared light in combination with skin suctioning should not be used in a non-clinical health facility.
5. The physician must be certified in the appropriate field with evidence of recognized training in ADSCs therapy with clear description on the amount and the nature of the hands-on training and under the supervision of a plastic surgeon. Refer to DHA standards for Autologous ADSC-SVFC.

Type of procedure/therapy		Dermatologist/ Plastic Surgeon ¹	Other physicians / GP Physician ²	Nurse ³	Physio- therapist	Massage Therapist	Beauty Therapist	Orthodontics/ prosthodontics /Maxillofacial
40	Fat aspiration and injection	plastic surgeons only	x	x	x	x	x	x
41	Non -surgical calve enhancement	plastic surgeons only	x	x	x	x	x	x
42	Non-surgical buttock augmentation using fat injections	plastic surgeons only	x	x	x	x	x	x
43	Teeth Whitening	x	x	x	x	x	x	All Dental specialities

APPENDIX 2: APPROVED LASER AND IPL COURSE OUTLINE

Recognized courses from outside the UAE, shall be attained from external body such as:

- Society for Medical and Surgical hair reduction (SCHMR)
- National Council on Laser Certification (NCLC)

Within UAE, DHA shall recognise laser training courses for hair reduction. The approved course outline must cover the following:

- Overview anatomy and physiology of the skin and hair
- Layers of skin, penetration of IPL into the skin, different skin types (Fitzpatrick), melanin synthesis, hair anatomy, growth cycle of hair, hair types, etc.
- Skin and hair disorders (alopecia/hirsutism/acne etc.)
- Basic Laser Sciences
- Laser History
- Laser Terminology
- Fundamentals of Laser biophysics
- Absorption spectrum, different kinds of IPLs, IPL Filters, difference between IPL and Lasers, peri-follicular response, what is laser, principles of lasers, properties of IPL, Laser media, time modes of operation, electromagnetic spectrum, lasing media etc.

- Laser tissue interactions (hair-skin-IPL interrelationship: Laser effects on tissue, penetration depth of different lasers, importance of chromophores, mechanism of action, wave lengths, thermal relaxation time, selective photothermolysis, pulse duration, etc.
- Understanding laser safety in practice: Laser Safety Responsibility, eye hazards, skin and fire hazards, standard operating procedures, protective eye wears, skin safety and importance of cooling, warning labels and signs, respiratory safety, electrical and fire safety, treatment guidelines, proper equipment handling, safety classification of laser
- Patient selection and orientation
- Effects and use of cosmetics with medicinal or drug like benefits on skin (Cosmeceuticals information)
- Pre and post Laser and IPL management of skin and hair
- Pre-treatment considerations, contraindications, post-treatment, possible side effects, management of side effects etc.
- Documentation and filing.
- Equipment Handling
- Different types and Quality of Laser and IPL Equipment
- Principles of parameter setting (wavelength, pulse durations, spot size and frequency)

- Safe equipment handling
- Proper Equipment Maintenance and Handling.
- Practical Skills Module
- Hands-on Workshops: Actual hands-on workshops on live volunteers in groups of 4-5 candidates to attend demonstrations and perform supervised procedures using the following lasers and IPL:
 - Alexandrite Lasers
 - Nd: YAG Laser
 - Intense Pulse IPL (IPL)
 - DIAC, Diode
- Hands on training
- The training facility must provide each trainee with an opportunity to perform hands on training during the course on at least ten (10) cases prior to the trainees' final assessment. This shall be documented in the trainees file.

APPENDIX 3: LASER CLASSIFICATION

Lasers are classified into four classes according to the potential hazard of the laser used.

The international laser safety standard IEC 825 defines the Maximum Permissible Exposure (MPE) levels for the eye. In relation to these, the following classification is used to assign the degree of danger associated with any type of laser.

- **Class 1-Class 1 lasers** are considered safe based upon current medical knowledge. They include self-contained systems (lab and diagnostic types i.e.) that do not inflict harm under normal conditions. Hazard warning labels are not required.
- **Class 2-Class 2 lasers** emit a visible laser beam (400-780 nm) that by its very bright nature will be too dazzling to stare into. The Helium Neon aiming beam is an example of this laser. Momentary viewing is not considered hazardous. The normal aversion reflex, such as blinking, provides adequate protection. It is also recommended that one should not stare into the beam or otherwise do wear goggles.
- **Class 3A and 3B**-This class of lasers includes emitting ultraviolet or infrared light as well as emitting visible light. Class 3 lasers require special training to operate and suitable protective goggles are recommended. Some ophthalmology Nd: YAG lasers are in this class. The 3A lasers have an output of 0.5mW or less, while 3B lasers have an output power of less than 0.5 watts. All systems falling within the Class 1

Allowed Exposure Level (AEL) with laser output between 18 μ m and 1mm fall in this class.

- **Class 4-** Class 4 lasers have a potential hazardous emission to both eyes and skin by either direct or scattered radiation. Most lasers used in medicine are class 4 and protective wavelength specific eyewear must be worn. Other control measures are also required for class 4 laser systems. Class 4 laser has same laser output spectrum as class 3a, but increases the output level to that of Class 2 AEL.

1. Products of laser and IPL hair reduction

There are a few methods of laser hair treatment and for each method there are various laser products.

The Ruby Laser

Is the oldest type of hair reduction laser and works best for fine and light hair. The Ruby Laser cannot be used on patients with darker skin, including people with tanned skin. This and other factors, such as the relatively small area that they cover, have made Ruby lasers increasingly less popular for laser hair reduction in recent years.

The Alexandrite Laser

Is the fastest of the laser types and is good for treating large body areas in patients with light olive complexion. This is one of the most widely used lasers for hair reduction.

The Diode Laser

Is most effective for darker skin types and is less effective on lighter, finer hair. It covers large areas and has fast repetition rates, allowing brisk treatment of large body areas.

The long pulse Nd

YAG laser can be safely used for all skin types, including tanned patients. Large coverage areas and fast repetition rates allow large areas to be treated quickly. That said, patients who use this laser report more discomfort during treatment. It is also less effective for fine and light hair than other lasers.

Intense Pulsed Light (IPL)

IPL stands for intense pulsed light. An IPL machine contains a bright flash lamp that is used to create intense pulses of light. The IPL is a non-laser flash lamp light source but has the ability to emit a broad spectrum, high-intensity visible and infrared light and is used to treat a wide variety of skin conditions from Hair reduction, to Rosacea and acne therapy, removal of dyschromia and telangiectasia, and softening of facial lines and creases.

The desired wavelength is chosen by either selecting a particular wavelength filter or attaching a specific treatment head or hand piece that is configured with the filter attached. IPL equipment are more difficult to use than lasers and require a very skilled and experienced technician to operate.

APPENDIX 4: LASER PROTECTIVE EYEWEAR

Protective eyewear includes:

Goggles: Must fit tightly on the face and are typically worn over prescription Goggles must be labelled with the wavelength protection .eye glasses provided.

Glasses: A frame with two separate lenses including side shields. Prescription strength glasses can be specially ordered

Wraps: A frame with a single lens that covers both eyes including side shields
Specific Laser Safety Eyewear (LSE) is designed to reduce the amount of damaging wavelengths to a safe level while permitting sufficient room light for proper vision.

Class	Energy Level	Hazard
1	Very Low Power	None
2	Low Power (400-700nm)	Skin: None Eye: None (due to blink aversion)
3a, 3b	Medium Power	Skin: None Eye: Yes, from intra-beam viewing
4	High Power	Skin: Yes Eye: Yes



APPENDIX 5: SAFETY GUIDES AGAINST LASER RADIATION

1. Laser radiation should be discharged in a background that is non-reflective and fire resistant
2. The area should be cleared of personnel for a reasonable distance on all sides of laser beam.
3. Warning sign should be attached to laser equipment in a conspicuous location indicating the potential eye hazard associated with laser.
4. Looking into primary laser beam should be avoided at all times, and equal care should be exerted to avoid looking at specular reflections of the beam, including those from lens surfaces.
5. Avoid aiming laser with eye and prevent looking along the axis of the beam, which increases the hazard from reflections.
6. Laser work should be carried in areas of high general illuminations to keep pupils constricted; thus, limit energy which might inadvertently enter the eyes.
7. Laser radiation workers should be instructed on potential eye hazards and the importance of limiting unnecessary exposure. They should receive pre-employment, periodic and final eye examinations.
8. Safety eyewear designed to filter out specific frequencies characteristic of the system affords protection, but it may only be partial.
9. Binoculars or aiming telescopes should not be used to view direct beam or reflected beam from mirrors unless the beam intensities are greatly below the safe levels. If necessary, a filter having sufficient optical density should be placed in the optical path of telescope for such situations or adequate laser protective eye wear is worn by the operator.
10. At its maximum emission capacity, a high power laser should operate in such a manner that the intensity of laser radiation at all accessible locations, when

measured within a stationary circular area of 0.385 cm² and averaged over that area does not exceed the following limits

- a. At any time interval of less than 18 µsec, an integrated irradiance of $5.0 \times 10^{-3} \text{ J/m}^2$.
- b. At any time interval t sec, that is greater than 18 µsec but less than or equal to 10 sec, an integrated irradiance of $18 t^{0.75} \text{ J/m}^2$.
- c. At any time interval of greater than 10 sec but less than or equal to 10,000 sec, an integrated irradiance of 100 J/m^2
- d. At any time interval of greater than 10,000 sec, an irradiance of 100 J/m^2

Since high power lasers are capable of cutting and burning, certain form of control in these lasers is required. Only the trained and qualified persons are allowed to use the high power lasers in most of the advanced countries. As for the use of low power lasers, it can also cause injury to the eyes if they are handled and used incorrectly by untrained personnel. Thus, there is a need to restrict its users to trained personnel only.