

Certificate in Advanced Spray Tanning: Contraindications

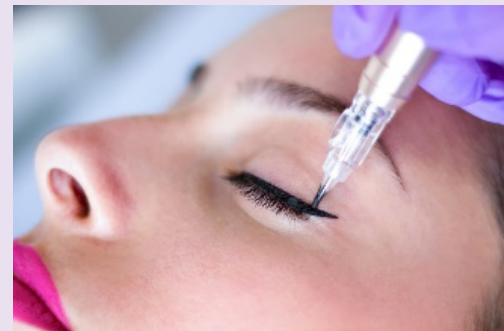
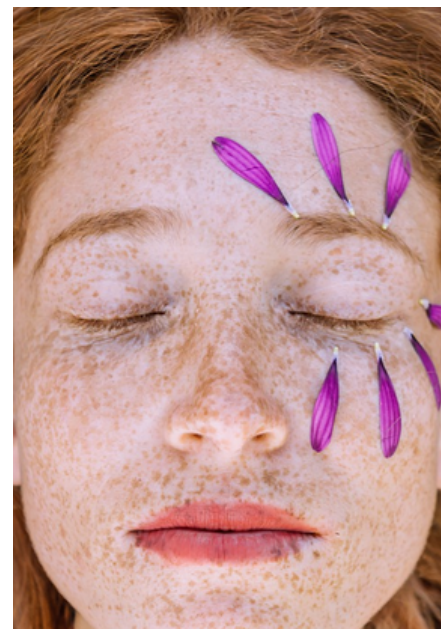
The table below outlines common contraindications relating to tanning application, and a brief description as to why they are deemed as such. Some contraindications may not prevent treatment entirely; however, they will require additional safety measures to ensure the preservation of the health and safety of your client and/or yourself. These are labelled with an asterisk (*) and the additional requirement discussed in the description.

Contraindication	Overview	Example
Asthma or other respiratory issues*	Asthma is a medical condition that affects the airways (the breathing tubes that carry air into our lungs). If your client has asthma or other respiratory issues, you must ensure your treatment area is well ventilated, and you will need an extractor. As an extra precaution, request that your client brings in their Ventolin or preventer medication. In consultation with your client, you should also establish an action plan for what needs to happen should they have any reactions during a spray tan. It may also be useful if they bring a family member or friend to the appointment, which will be particularly useful, especially if it is their first visit.	
Evidence of inflammation or infection, including bacterial, fungal, parasitic, or viral infections	Some salons/spray tanning technicians will attempt to list every medical condition that can affect the skin as a contraindication. It is not your job to diagnose skin conditions. If the skin looks unhealthy (red, swollen, irritated or swollen), advise your client you cannot treat them until all symptoms have cleared. Sometimes your client might have skin conditions they are not even aware of. For example, tinea versicolour is a fungal infection of the skin and will usually not take to the tan. If your client has this type of infection (or similar), it may show up lighter or darker than surrounding areas and will usually look dry, scaly and may be itchy. There is nothing you can do once the tan is applied, but it is good to be aware of if your client complains of any patches of discolouration – it may be an infection, not the tan application. If you are ever in doubt, advise your client to get it checked out.	

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	There are also a range of infections skin diseases which you will need to be aware of. If you client indicates they have any of the following, you will need to refuse service until it is treated: • Impetigo • Molluscum contagiosum • Methicillin-resistant Staphylococcus aureus (MRSA) • Athlete's foot • Scabies • Ringworm • Shingles To learn more about infectious skin disorders, go to the following links: Contagious Skin Diseases; Is This Rash Contagious? Symptoms, Treatment, and More	 © MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH. ALL RIGHTS RESERVED.
Cuts or open wounds	While completely fine on most people's skin, tanning solution is more likely to cause irritation to an open wound. You wouldn't rub creams into open wounds, so if your client has any recent wounds or has had any sort of surgeries, it is best to restrict treatment until the wounds have healed. Given there would be an increased risk of infection to the wound, it is simply not worth going ahead with the appointment if the client's safety is compromised.	

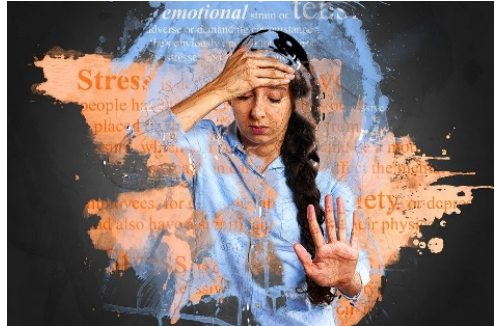
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Cosmetic tattoo (permanent makeup) in the past 2 weeks*	Cosmetic tattooing is achieved through a procedure called micro-blading, which involves making tiny incisions in the epidermis and implanting medical grade pigment. For this reason, and much like the previous contraindication, there is an increased risk of irritation and/or infection to the area, so any application to the face should be avoided.	
Hypersensitive skin*	As the name suggests, hypersensitive skin is hyper-reactive to a range of factors of varying harshness that are otherwise tolerated by normal skin. The condition is characterised by irritation and visible reactions when exposed to usually innocuous internal or external stressors (such as extreme temperature, certain chemicals or UV rays). While most people will be fine with tanning solutions, for sensitive individuals, a patch test must be completed on the inside of the wrist, elbow, behind the ear or inside leg (not as obvious location!). If there are no reactions within 48 hours, you can proceed with the treatment. If there are reactions, it is likely the client is allergic to one of the ingredients.	

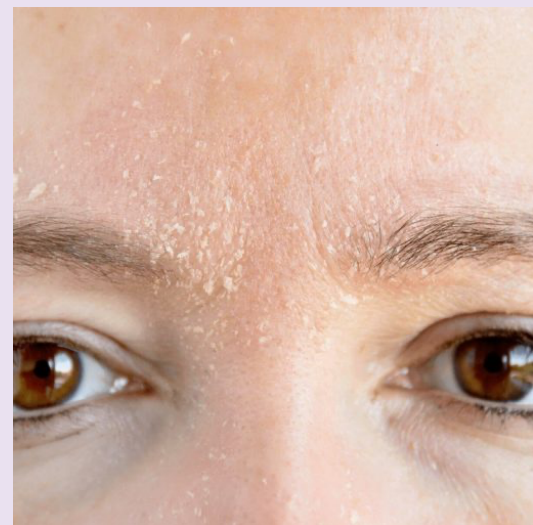
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Eczema*	When people refer to eczema, they usually mean atopic dermatitis, which is characterised as dry, itchy skin that often appears with a red rash. Eczema can be quite a broad term that is often over and under-diagnosed. It is normal for people who suffer from eczema to also suffer underlying allergies and allergic reactions. The prescription for sunless tanning and eczema is the same as psoriasis. Less bronzer and better quality products will cause less skin irritation and possible allergic reactions. If a client is hesitant or mentions concerns with eczema, a patch test is always a great way to start the consultation.	
Pigmentation disorders that affect cosmetic tanning application (hypopigmentation and hyperpigmentation)*	Put simply, hyperpigmentation means that the skin looks darker than normal (often brown to grey), and hypopigmentation means that the skin looks lighter than normal. So, because you are trying to achieve a consistent all over look, it may be difficult to do this if you are working with a range of skin tones on one person. Of course, the 'base colour' or bronzed/dyed topcoat may result in an even finish; the DHA will not if you use the same percentage all over. If clients with hyperpigmentation are concerned that their darker spots will get darker, you could always apply a product as a physical barrier to prevent the DHA from developing in those parts. For clients with hypopigmentation, you may consider only tanning the lighter parts to match other tones, depending on your client's needs. Pigmentation issues such as stretch marks or scars can also be tricky. Depending on how old the scar tissue is, the skin may not be able to absorb any solution at all, or they may absorb more than the surrounding skin! In all circumstances, have an honest consultation with your client and explain what may or may not happen.	

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Psoriasis	Psoriasis is a chronic skin condition that can cause the skin to become red, scaly and flaky. It is not known exactly why this happens, but research suggests it's caused by a problem with the immune system. Regardless of how psoriasis occurs, the results, when mixed with sunless tanning, are quite predictable. Firstly, the tan will never last as long in skin areas that are affected by psoriasis. Secondly, over saturation of bronzers and synthetic products will cause more irritation and discomfort. The best recommendation here is to use products that are light or have no bronzer and do not use synthetically sourced DHA. If a client is hesitant or mentions concerns with psoriasis, a patch test is always a great way to start the consultation.	
Claustrophobia*	Claustrophobia is a fear of enclosed spaces, and clients who suffer from this phobia may panic when inside a lift, aeroplane, crowded room or other confined area such as your treatment area. Every client will be different, and so will their needs. Possible adjustments you can make for clients who are anxious or have claustrophobia include but are not limited to: • Leaving a door open • Moving the location of your treatment field • Talking them through the process • Playing soothing music • Giving them a cold drink It is essential that your client is calm and relaxed throughout the service. Usually, with reassurance, once the service has commenced, the client will realise they have nothing to worry about! If the client cannot tolerate the process, you will need to stop the service.	

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Dry skin*	We all struggle with dry skin from time to time, with some of us struggling more the others! The '2 tone effect' is most noticeable on women wearing a spray tan who shave their legs regularly and subsequently have dry skin on their legs when compared to the skin on their torso. The result can often be a lighter or patchy tan on their legs as opposed to their upper body, simply because the tan hasn't developed properly or to its full potential because their skin on the legs was not absorbent enough. In this example, when you upsell a skin conditioning primer to prepare the skin immediately before a spray tan, you ensure a flawless finish from head to toe and avoid the '2 tone effect'. In most cases, dry skin is treatable with salon-quality products and take home care; however, if there is a suggestion of a predisposed area of skin that is unusually dry, we would always recommend a patch test. Dry skin can be a place of infection and reactions, so it is always better to be safe and test first.	
Oily or acne-prone skin*	As you have already learned, each of us have an acid mantle with an optimum pH level being 4.5 to 5.5. Clients with oily or acne-prone skin need to be informed that this may impact the outcome of the tan as their skin is on the more acidic side. The overall tone may end up not developing as dark as they would like, and the dried skin around acne can cause darker spots. People with acne-prone skin may also have problems with certain ingredients and oils, so effective consultation with your client about their individual needs is a must!	

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Sunburn*	If your client has a mild sunburn, you will be safe to continue with the appointment. However, if your client has severe sunburn, which will be indicated by blisters, flaking and peeling, then you should not proceed until the sunburn has healed. Sunburn can be very painful, and spraying additional solutions over the top is a recipe for disaster! Plus, given the rate at which the skin will be peeling, even if you applied a spray tan, it would likely just peel off with the damaged layer anyway. If your client presents with a bad sunburn, it is a great opportunity to educate them about the benefits of sunless tanning and ways they can look after their skin – without all of those harmful UV rays!	
Pregnant*	Many women may like to have spray tans during pregnancy, and you can, given you mitigate the associated risks. In general, as there is limited research on the impacts spray tanning has during pregnancy, the general rule of thumb is to advise against spray tanning until the 16-week mark. If the client insists, request a doctor's letter or sign a waiver to ensure your business is protected. We would recommend patch tests for all new clients, but when you have a client who is pregnant, this is a must. We will look at patch tests in more detail later, but they are essentially a quick appointment where you conduct a test to rule out any allergic reactions. The main concern is that if a pregnant client did react, treatment of the reaction would be a little trickier due to restrictions on what sorts of medications can be taken while pregnant. In addition to ruling out allergic reactions, you also need to consider the position of the client. If the client is heavily pregnant and cannot stand up and move into the positions you need them to, then it's safer to not proceed with the appointment. Effective client consultation will be critical to determine whether or not you can provide the service and the sorts of adjustments you will need to make.	