NON-SURGICAL AESTHETIC WELLNESS STANDARDS CHANGE REPORT

QUAD A Previous Version 1.0		Revised Standards - Version 1.1 Effective March 31, 2026	
Standard	**Language**	**Standard**	**Language**
1-B-7	Only recognized abbreviations are allowed to be used in the clinical record.	**1-B-7**	No Change
1-B-8	The facility must perform a self-survey review of compliance with all QUAD A standards annually prior to the expiration date of its accreditation in each of the two years between QUAD A onsite surveys. The self-survey documentation must be retained for a minimum of 3 years and include: 1. A completed Self-Survey checklist 2. A Plan of Correction for any standard identified as non-compliant 3. Evidence that each plan of correction has been carried out to establish compliance with standards 4. Evidence that findings from the self-survey have been reviewed, included in the facility's Quality Improvement Plan, and discussed in the facility's Quality Improvement meetings.	**1-B-8**	No Change
1-B-10	The facility is in compliance with all state laws including state licensure requirements.	**1-B-10**	No Change
1-B-13	The facility practices within the risk stratification class for which it is accredited and in accordance with facility policies and procedures, industry standards, regulations, and laws governing the facility.	**1-B-13**	No Change
1-D-1	A copy of the most current QUAD A "Patients' Bill of Rights" is prominently displayed, or a copy is provided to each patient. The QUAD A "Patients' Bill of Rights" is also adhered to by facility personnel. If required, an additional Patients' Bill of Rights must be prominently displayed in accordance with prevailing laws and regulations.	**1-D-1**	No Change
1-D-18	The patient has a right to personal privacy.	**1-D-18**	No Change
1-D-19	The patient has a right to receive care in a safe setting.	**1-D-19**	No Change
1-D-20	The patient has a right to be free from all forms of abuse or harassment.	**1-D-20**	No Change
1-E-1	Changes in facility ownership must be reported to the QUAD A Central Office within thirty (30) days of the change.	**1-E-1**	No Change

NON-SURGICAL AESTHETIC WELLNESS STANDARDS CHANGE REPORT

QUAD A Previous Version 1.0		Revised Standards - Version 1.1 Effective March 31, 2026	
Standard	**Language**	**Standard**	**Language**
1-E-2	Any change in provider staff must be reported to the QUAD A Central Office, in writing, within thirty (30) days of the change, along with the appropriate credentials. **Surgical Programs** (ASC, OBS, OBP, PD, OMS, I-DENT, I-SURG): Surgeons, Proceduralists, and Pain Management Providers must submit medical license, board certification or board eligibility, and delineation of facility privileges. **RHC**: Physicians, Advanced Practice Providers (NP, PA, CNM) and licensed behavior health providers (CP, CSW, MFT, MHC) must submit professional licenses. **Physical Therapy** (OPT, I-PT): SLP, OT, PT, SLPA, OTA, PTA must submit professional licenses. **Polyclinic**: Physicians, Dentist, Advanced Practice Providers (NP, PA, CNM), Physiotherapist, and Physical Therapists must submit must professional licenses. MedSpa: Medical Director must submit professional license(s).	**1-E-2**	Any change in provider staff must be reported to the QUAD A Central Office, in writing, within thirty (30) days of the change, along with the appropriate credentials. **Surgical Programs** (ASC, OBS, OBP, PD, OMS, I-DENT, I-SURG): Surgeons, Proceduralists, and Pain Management Providers must submit medical license, board certification or board eligibility, and delineation of facility privileges. **RHC**: Physicians, Advanced Practice Providers (NP, PA, CNM) and licensed behavior health providers (CP, CSW, MFT, MHC) must submit professional licenses. **Physical Therapy** (OPT, I-PT): SLP, OT, PT, SLPA, OTA, PTA must submit professional licenses. **Polyclinic:** Physicians, Dentist, Advanced Practice Providers (NP, PA, CNM), Physiotherapist, and Physical Therapists must submit must professional licenses. **MedSpa**: MedSpa Director must submit professional license(s).
1-E-3	Any action affecting the current professional license of any licensed facility staff must be reported in writing to the QUAD A office within ten (10) days of the time the facility becomes aware of such action.	**1-E-3**	Any action affecting the current professional license of any licensed facility staff must be reported in writing to the QUAD A office within ten (10) days of the time the facility becomes aware of such action. For MedSpa facilities, this requirement applies to the MedSpa Director.
1-E-4	Any death occurring in an accredited facility or any death occurring within thirty (30) days of a procedure performed in an accredited facility must be reported to the QUAD A office within five (5) business days after the facility is notified or otherwise becomes aware of that death. In addition to this notification, the death must be contemporaneously reported as an adverse event in the online Patient Safety Data Reporting portal. In the event of a death occurring within thirty (30) days of a procedure performed in an QUAD A-accredited facility, an unannounced survey may be performed.	**1-E-4**	No Change
1-F-15	Each adverse event submission must include: · The identification of the problem, · The immediate treatment or disposition of the case, · The outcome, · The reason for the problem, and · An assessment of the efficacy of treatment.	**1-F-15**	No Change

NON-SURGICAL AESTHETIC WELLNESS STANDARDS CHANGE REPORT

QUAD A Previous Version 1.0		Revised Standards - Version 1.1 Effective March 31, 2026	
Standard	**Language**	**Standard**	**Language**
1-F-20	The facility is up to date with accurate PSDR reporting. Reportable adverse events must be submitted to PSDR, including, but not limited to: •Any unplanned hospital admission: •Any emergency department visit; •Any complication such as infection, bleeding, wound dehiscence, tissue necrosis, visual problems, eye injury, burns, or inadvertent injury to another body structure; •Any cardiac or respiratory problems during the patient's stay at the facility or within 48 hours of discharge; •Any allergic reactions •Any patient or family complaint; •Any equipment malfunction leading to injury or potential injury to the patient; •Any death occurring within 30 days of a procedure ·	**1-F-20**	No Change
17-A-1	In this facility, only local and topical anesthesia may be administered. Local or topical anesthesia may only be administered by individuals who are qualified and authorized in accordance with applicable federal, state, or provincial law, their defined scope of practice, and facility policy. Authorized providers include: •Physician •Advanced Practice Registered Nurse (APRN) •Physician Assistant (PA) •Registered Nurse (RN), provided the RN is acting within scope of practice, under the supervision of a qualified provider, and pursuant to a specific written or electronic order from a physician or advanced practice provider.	**17-A-1**	No Change
17-A-2	Local anesthetics may only be used in the skin and subcutaneous layers.	**17-A-2**	No Change
17-A-3	The facility has a chart with topical anesthesia agents in use and the maximum daily dose that can be safely applied to a patient. The facility may not dispense topical aesthetics for patient use at home.	**17-A-3**	The facility has a chart with local anesthesia agents in use and the maximum daily dose that can be safely applied to a patient. The facility may not dispense topical aesthetics for patient use at home.
17-A-5	The maximum dose of injected plain lidocaine shall not exceed 5 mg/kg.	**17-A-5**	**Removed**
17-A-6	The maximum dose of injected lidocaine with epinephrine shall not exceed 7 mg/kg.	**17-A-6**	**Removed**
17-A-8	An FDA-approved or equivalent, internationally regulated patient-controlled inhaled nitrous oxide/oxygen delivery system that provides a fixed 50:50 gas mixture may be used for anxiolysis (minimal sedation).	**17-A-8**	No Change
17-B-1	The facility must ensure that no marketing or advertising regarding the organization's competence and capabilities (or its individual staff members) is false, misleading, deceptive, or shows atypical results. or implies that it provides care or services that it is not capable of providing. Any use of the phrase "Board Certified" must be accompanied by the name of the relevant certifying board.	**17-B-1**	No Change

NON-SURGICAL AESTHETIC WELLNESS STANDARDS CHANGE REPORT

QUAD A Previous Version 1.0		Revised Standards - Version 1.1 Effective March 31, 2026	
Standard	**Language**	**Standard**	**Language**
17-B-2	The Medical Director of the facility must be clearly identified as the Medical Director in all marketing materials and websites related to the medical spa facility. All such patient-directed communications should also list the Medical Director's licensure, Accreditation Council for Graduate Medical Education (ACGME)/American Osteopathic Association (AOA) trained medical specialty, and American Board of Medical Specialties (ABMS)/AOA board certification, the specific board-certified specialty (e.g., Diplomate of the ABMS in Dermatology. Non-ABMS or AOA boards may not be used in advertising, websites, or social media. Patient models who did not receive a procedure from the Medical Spa must be identified as such on the Medical Spa's websites, social media posts, print advertisements, and promotional materials.	**17-B-2**	The MediSpa Director of the facility must be clearly identified as the MedSpa Director in all marketing materials and websites related to the medical spa facility. All such patient-directed communications should also list the MedSpa Director's licensure. For example, for physicians, Accreditation Council for Graduate Medical Education (ACGME)/American Osteopathic Association (AOA) trained medical specialty, and American Board of Medical Specialties (ABMS)/AOA board certification, the specific board-certified specialty (e.g., Diplomate of the ABMS in Dermatology. Non-ABMS or AOA boards may not be used in advertising, websites, or social media. For APRNs or PAs, the national certifying body for their scope of practice. Patient models who did not receive a procedure from the Medical Spa must be identified as such on the Medical Spa's websites, social media posts, print advertisements, and promotional materials.
17-C-2	There is a designated area for administrative activities.	**17-C-2**	No Change
17-C-3	One (1) or more dedicated treatment rooms must be available that provide privacy and treatment in an orderly and sanitary environment.	**17-C-3**	No Change
17-D-1	The entire facility must be maintained, equipped, regularly cleaned, sanitary, and free of clutter and litter, consistent with a medical facility designed to perform procedures.	**17-D-1**	No Change
17-D-2	The entire facility is appropriately ventilated, lit, and temperature-controlled for patient comfort.	**17-D-2**	No Change
17-D-4	The walls, cabinets, countertops, blinds and shades, and flooring are covered with smooth and easy-to-clean material that is free from tears, breaks, or cracks. If the floors contain seams or individual tiles, they are sealed with an impermeable sealant other than silicone.	**17-D-4**	No Change
17-D-5	Carpet is not permitted in the treatment room area.	**17-D-5**	No Change
17-D-6	All openings to outdoor air are effectively protected against the entrance of insects, animals, etc.	**17-D-6**	No Change
17-D-7	There are no overloaded wall plugs or extensions, no altered grounding plugs, and no broken, worn, or unshielded wires.	**17-D-7**	No Change
17-D-8	The entire facility provides adequate work space and sufficient space and storage for supplies and equipment.	**17-D-8**	No Change
17-D-9	Smoking is prohibited in the entire facility.	**17-D-9**	No Change
17-E-1	Sterile supplies are stored away from potential contamination in closed cabinets/drawers; if not, they must be stored away from heavy traffic areas and potential contamination hazards.	**17-E-1**	No Change
17-E-2	Storage space for sterile supplies and equipment is organized in a manner that maintains cleanliness, sterility, and functionality, provides easy access for identification and minimizes the risk of contamination and injury to patients and staff.	**17-E-2**	No Change
17-E-3	There is adequate storage space for supplies.	**17-E-3**	No Change
17-E-5	As applicable to the setting, outdated medical supplies, instruments, implants, and equipment are removed and destroyed in accordance with federal/national, state, provincial, and local regulations.	**17-E-5**	No Change

NON-SURGICAL AESTHETIC WELLNESS STANDARDS CHANGE REPORT

QUAD A Previous Version 1.0		Revised Standards - Version 1.1 Effective March 31, 2026	
Standard	**Language**	**Standard**	**Language**
17-F-1	There is a reliable means of two-way communication with the necessary personnel.	**17-F-1**	No Change
17-G-1	There is a Facility Safety Manual that is reviewed and updated annually and is in accordance with all other federal/national, provincial, state and local regulations. For international facilities, there must be evidence that specific national, provincial, and local regulations are included.	**17-G-1**	No Change
17-G-3	The facility safety manual provides employees with information about hazardous chemicals used and methods to minimize hazards to personnel.	**17-G-3**	No Change
17-G-4	There is a written exposure control plan, which is reviewed and updated at least annually.	**17-G-4**	No Change
17-G-5	There is a written chemical hazard communication program, which is reviewed and updated annually	**17-G-5**	No Change
17-H-1	All explosive and combustible materials and supplies are stored and handled in a safe manner with appropriate ventilation according to state, provincial, local, and national laws and regulations, and/or National Fire Protection Association (NFPA) codes, OSHA regulations, and safety data sheets (SDS).	**17-H-1**	No Change
17-H-2	Compressed gas cylinders are stored and handled according to state, provincial, local and national laws and regulations, and/or National Fire Protection Association (NFPA) codes.	**17-H-2**	No Change
17-H-3	Hazardous chemicals are labeled as hazardous. Any hazardous material removed from the manufacturer's container and placed in a secondary container must be properly labeled.	**17-H-3**	No Change
17-I-1	All medical hazardous wastes are disposed of in sealed, labeled containers and stored in compliance with federal/national, state, provincial, and local regulations and/or OSHA (Occupational Safety and Health Administration) acceptable containers and separated from general refuse for special collection and handling.	**17-I-1**	No Change
17-1-4	Used disposable sharp items are placed in secure puncture-resistant containers that are located as close to the use area as is practical.	**17-1-4**	No Change
17-J-1	The facility is equipped with functioning heat sensors and/or smoke detectors that are tested annually.	**17-J-1**	No Change
17-J-2	The number of fire extinguishers available and their location must conform to local fire codes. Minimally, a fire extinguisher is located within 75 feet of any location in the facility. Fire extinguishers are visually inspected monthly, maintenance inspections are done annually and conform to local fire codes.	**17-J-2**	No Change
17-K-1	Exit signs are posted and illuminated consistent with state/provincial, local, national regulations and/or NFPA codes and OSHA codes.	**17-K-1**	No Change
17-K-2	There are sufficient emergency lights for exit routes and patient care areas in case of power failure.	**17-K-2**	No Change
17-K-3	Hallways, stairways, and elevators are sufficiently wide to allow emergency personnel and their equipment to evacuate a patient in an emergency.	**17-K-3**	No Change

NON-SURGICAL AESTHETIC WELLNESS STANDARDS CHANGE REPORT

QUAD A Previous Version 1.0		Revised Standards - Version 1.1 Effective March 31, 2026	
Standard	**Language**	**Standard**	**Language**
17-L-1	There is a written policy for what is considered to be personal protective equipment for specific tasks in the facility (e.g., instrument cleaning, disposal of biological waste, surgery, radiology protection, etc.).	**17-L-1**	No Change
17-L-2	If a laser is used, all manufacturer-recommended safety precautions are actively in place prior to any usage. All safety measures are taken to protect patients and staff from injury, including appropriate eyewear, covered mirrors, covered windows, signage on the door, etc. in accordance with state/provincial laws and regulations.	**17-L-2**	No Change
17-L-3	Whenever an IPL device is used, appropriate safety measures are taken to protect patients and staff from injury, e.g., appropriate eyewear, covered mirrors, covered windows, signage on the door, etc., are required.	**17-L-3**	No Change
17-L-5	If used, the room where the laser/IPL treatment is performed shall be closed off to other areas of the facility while the treatment is performed, and a "laser in use" sign shall be posted immediately outside the treatment room.	**17-L-5**	No Change
17-L-6	Each facility utilizing Class 3B or Class 4 medical lasers must formally designate a Laser Safety Officer (LSO). Facilities operating outside the U.S. must comply with the local or national authority's laser safety regulations (e.g., Ministry of Health, radiation safety authority, etc.) and ensure a comparable safety oversight role is established. •The designation must be in writing, signed by the medical director. •The LSO may be a physician, nurse, or trained laser operator with demonstrated competence in laser safety management. •The LSO must have documented laser safety training consistent with ANSI Z136.3 or an equivalent international standard.	**17-L-6**	Each facility utilizing Class 3B or Class 4 medical lasers must formally designate a Laser Safety Officer (LSO). Facilities operating outside the U.S. must comply with the local or national authority's laser safety regulations (e.g., Ministry of Health, radiation safety authority, etc.) and ensure a comparable safety oversight role is established. •The designation must be in writing, signed by the MedSpa Director. •The LSO may be a physician, nurse, or trained laser operator with demonstrated competence in laser safety management. •The LSO must have documented laser safety training consistent with ANSI Z136.3 or an equivalent international standard.
17-L-7	All Class 3B and Class 4 medical lasers used in the facility must be registered, if required, with the appropriate jurisdiction having authority (JHA) in the country or state where the facility operates.	**17-L-7**	No Change
17-M-1	If a central source of piped oxygen is used, the system must meet all applicable local, state/provincial, and country safety codes.	**17-M-1**	No Change
17-M-2	Only properly inspected equipment is used in the treatment room.	**17-M-2**	No Change
17-M-3	There is an adequate treatment room table or chair.	**17-M-3**	No Change
17-M-4	Staff have immediate access to hand hygiene facilities, including sinks with running water for handwashing and alcohol-based hand sanitizer located in each patient care and procedure room.	**17-M-4**	No Change
17-M-6	The facility is equipped with blood pressure monitoring and pulse oximetry equipment.	**17-M-6**	No Change
17-M-7	The facility is equipped with a positive-pressure ventilation device (e.g., Ambu® bag, or a bag valve mask).	**17-M-7**	No Change
17-M-8	The facility is equipped with an oxygen source with appropriate delivery devices (e.g., nasal cannula, face mask).	**17-M-8**	No Change

NON-SURGICAL AESTHETIC WELLNESS STANDARDS CHANGE REPORT

QUAD A Previous Version 1.0		Revised Standards - Version 1.1 Effective March 31, 2026	
Standard	**Language**	**Standard**	**Language**
17-M-9	The facility has a preventive maintenance program to ensure that all essential mechanical, electric, and patient-care equipment is maintained in safe operating condition and is replaced no less frequently than according to a schedule. A qualified technician annually inspects all equipment and reports in writing that the equipment is safe and operating according to the manufacturer's specifications. Stickers may be placed on individual equipment; however, written records must be maintained. All equipment is on a maintenance schedule with records kept for a minimum of at least three (3) years.	**17-M-9**	No Change
17-M-12	The manufacturer's specifications and requirements are kept in an organized file and followed for each piece of equipment.	**17-M-12**	No Change
17-M-13	Appropriate calibration (i.e., lasers) as per manufacturer specifications is regularly performed, and records of that testing are maintained within the facility.	**17-M-13**	No Change
17-N-1	Emergency equipment is available, including an automated external defibrillator (AED), necessary drugs, and other cardio-pulmonary resuscitation (CPR) equipment.	**17-N-1**	No Change
17-N-2	If dermal fillers are used in the facility, filler emergency supplies are available in a central location known to all personnel. The following shall be available in case of vascular occlusion or visual changes after filler injection and stored per the manufacturer's recommendations. •Hyaluronidase, 18,000 units •0.9% NaCl 250 mL •325 mg aspirin tablets •Prednisolone tablets 25 mg or dexamethasone 8 mg IM/IV •Timolol drops 0.25% •Acetazolamide 500 mg/vial IV •Adrenaline 1 mg/mL 1:1000 •Syringes (2 of each): 1 mL, 3 mL, 5 mL •Needles (2 of each): 32 G x 9 mm, 23 g x 25 mm, 18 G x 38 mm •Sterile swab •Povidone-iodine prep pads A commercially available comprehensive filler crash kit that meets QUAD A standards may be used; however, its use does not replace or reduce the requirement to maintain the specified doses of hyaluronidase and other required medications onsite.	**17-N-2**	No Change
17-N-3	The standard defibrillator, or an Automated External Defibrillator (AED), is checked at least weekly for operability, and the test results are kept for a minimum of three (3) years.	**17-N-3**	No Change
17-N-4	The emergency equipment must be immediately available for the use of emergency situations.	**17-N-4**	No Change
17-N-5	The emergency equipment must be appropriate for the facility's patient population.	**17-N-5**	No Change
17-N-6	The emergency equipment must be maintained by appropriate personnel.	**17-N-6**	No Change
17-N-7	The medical director of the facility coordinates develops and revises the organization's policies and procedures to specify the types of emergency equipment required for use in the organization's treatment room(s). For med spas, this also includes filler emergencies, elective filler dissolution, and anaphylaxis following filler dissolution.	**17-N-7**	The MedSpa Director of the facility coordinates develops and revises the organization's policies and procedures to specify the types of emergency equipment required for use in the organization's treatment room(s). For med spas, this also includes filler emergencies, elective filler dissolution, and anaphylaxis following filler dissolution.

NON-SURGICAL AESTHETIC WELLNESS STANDARDS CHANGE REPORT

QUAD A Previous Version 1.0		Revised Standards - Version 1.1 Effective March 31, 2026	
Standard	**Language**	**Standard**	**Language**
17-N-9	Appropriate intravenous set-up, including appropriate hardware and fluids, must be readily available in the treatment areas.	**17-N-9**	No Change
17-O-1	There must be a written policy for emergency evacuation of the facility. The protocol must include provisions for annual drills for the emergency evacuation of patients, staff, and guests; staff training upon hire and annually. Documentation of all drills must be retained in the facility for a minimum of three (3) years.	**17-O-1**	No Change
17-O-2	There must be a written policy for security emergencies, such as an intruder in the facility, an unruly patient or visitor, or a threat to the staff or patients.	**17-O-2**	No Change
17-O-3	There must be a written policy for fires and fire drills. This protocol must include the provision for: fire drills; staff training upon hire and annually; drill documentation and retention of documentation for a minimum of three (3) years.	**17-O-3**	No Change
17-O-4	There must be a written policy for CPR. There must be a written protocol for cardiopulmonary resuscitation (CPR). This protocol must include the provision for annual drills, staff training upon hire and annually, drill documentation, and retention of documentation for at least three (3) years.	**17-O-4**	No Change
17-O-5	There must be a written policy for response to power failure emergencies.	**17-O-5**	No Change
17-O-6	The facility must have an effective procedure for the immediate transfer to a hospital for patients requiring emergency medical care beyond the capabilities of the facility.	**17-O-6**	No Change
17-O-7	There is a written policy for a disaster preparedness plan that provides for the emergency care of patients, staff, and others in the facility in the event of fire, natural disaster, functional failure of equipment, or other unexpected events or circumstances that are likely to threaten the health and safety of those in the facility.	**17-O-7**	No Change
17-O-8	If Hormone Replacement Therapy (HRT) is provided, there is a protocol for determining appropriate doses of hormone replacement, bio-identical or otherwise, based on the patient's individual serum values. The protocol must include all of the following: •Standards for regular monitoring and re-testing of the patient's serum hormone levels •Identification of patients with PCOS, amenorrhea prior to menopause, dysfunctional uterine bleeding, or those desiring fertility treatments shall be referred to an appropriate specialist. •Screening for contraindications, such as: • Known, suspected, or history of breast cancer • Known or suspected history of other estrogen-based cancer, i.e., uterine cancer. • Active deep venous thrombosis (DVT) or a history of DVT or pulmonary embolism (PE) • History of blood clotting disorder, esp. Factor V Leiden mutation carriers • Active or history of arterial thrombotic diseases such as myocardial infarction or stroke • Chronic liver disease or dysfunction • Migraine with aura •The patient must have a normal mammogram and Pap smear within the last three (3) years.	**17-O-8**	No Change
17-O-9	If Laser/IPL treatments are performed: There is a written policy for the treatment of burns and blistering caused by treatment.	**17-O-9**	No Change
17-O-10	At the end of each shift, the keys for lasers and other energy-based devices are removed from the machines and secured in a locked lockbox.	**17-O-10**	No Change

NON-SURGICAL AESTHETIC WELLNESS STANDARDS CHANGE REPORT

QUAD A Previous Version 1.0		Revised Standards - Version 1.1 Effective March 31, 2026	
Standard	**Language**	**Standard**	**Language**
17-O-11	If Laser/IPL treatments are performed: There is a policy outlining the recognition and treatment of common bacterial and viral skin diseases relevant to the medical spa setting, including impetigo, erysipelas, cellulitis, facial/ ocular herpes zoster, and post-resurfacing fungal infections.	**17-O-11**	No Change
17-O-12	If Laser/IPL treatments are performed: There is a policy for adjusting treatment settings based on the patient's Fitzpatrick skin classification.	**17-O-12**	No Change
17-O-13	If Chemical Peels are performed: There is a policy for pre-treatment prior to skin resurfacing procedures (laser & chemical peel).	**17-O-13**	No Change
17-O-14	If Chemical Peels are performed: There is a policy for viral prophylaxis for skin resurfacing procedures for clients at increased risk of facial herpes.	**17-O-14**	No Change
17-O-15	If Chemical Peels are performed: There is a written policy for the performance of chemical peels on the face and neck that contain phenol. The policy addresses EKG monitoring requirements for any facial or neck peel in which phenol is used. Such procedures shall be performed only under clinical conditions appropriate to the level of systemic risk. The policy must define cardiac monitoring requirements based on total systemic exposure risk, including but not limited to: •Surface area treated •Concentration and total volume of phenol applied •Application technique •Patient-specific cardiovascular risk factors.	**17-O-15**	No Change
17-O-16	If Chemical Peels are performed: There is a policy for the treatment of burns, scarring, and post-inflammatory hyperpigmentation.	**17-O-16**	No Change
17-O-19	If laboratory services are provided, these laboratory services must be provided in accordance with the Clinical Laboratory Improvement Act (CLIA) requirements at 42 CFR 493 operating under a current CLIA certificate appropriate to the level of services performed. Note: Procedures that collect specimens solely for aesthetic or therapeutic purposes (e.g., PRP where blood is drawn and reinjected into the same patient without diagnostic testing) do not require CLIA certification.	**17-O-19**	No Change
17-P-1	When used, the facility must store, provide, and administer drugs and biologicals in a safe and effective manner under the direction of the Medical Director.	**17-P-1**	When used, the facility must store, provide, and administer drugs and biologicals in a safe and effective manner under the direction of the MedSpa Director.
17-P-2	Outdated medications are removed and sequestered from regular stock, and destroyed in accordance with federal/national, state, provincial, and local pharmacy regulations.	**17-P-2**	No Change
17-P-3	Medications are stored per the manufacturer's specifications, including temperature and exposure to light and in a secure and designated area away from patient and visitor access.	**17-P-3**	No Change
17-P-4	Drug preparation must only occur in designated areas. Those areas must be regularly cleaned and sanitized.	**17-P-4**	No Change
17-P-5	All drugs and biologicals administered to a patient must be ordered by a physician or an advanced practice provider, in accordance with applicable state/national laws and regulations. A written or electronic order, signed and dated by an authorized prescriber affiliated with the facility, must be present in the patient's clinical record prior to administration.	**17-P-5**	No Change

NON-SURGICAL AESTHETIC WELLNESS STANDARDS CHANGE REPORT

QUAD A Previous Version 1.0		Revised Standards - Version 1.1 Effective March 31, 2026	
Standard	**Language**	**Standard**	**Language**
17-P-6	If used, all controlled substances are secured and locked under supervised access.	**17-P-6**	No Change
17-P-7	If used, there must be a dated controlled substance inventory and a control record that includes the use of controlled substances on individual patients. Such records must be kept in a sequentially numbered, bound journal from which pages may not be removed or in a tamper-proof, secured computer record consistent with state and federal law. A loose-leaf notebook or a spiral-bound notebook does not fulfill this regulation. This log must be kept in the facility.	**17-P-7**	No Change
17-P-8	The facility has a policy and procedure that has been adopted and implemented that requires discrepancies in controlled substance counts are resolved before end of business and before anyone leaves the facility premises.	**17-P-8**	No Change
17-P-9	Any significant loss or theft of controlled substances (and disposal receptacles) is reported to the local DEA local office using the DEA 106 Form and reported to the Board of Pharmacy.	**17-P-9**	No Change
17-P-10	All emergency medications, as noted in the following standards, must be available and in the facility at all times. Licensed personnel in the facility must know their location.	**17-P-10**	No Change
17-P-11	At a minimum, the facility must have the following medications available in the facility at all times and secured: •Epinephrine/Epi-Pen •Benadryl	**17-P-11**	No Change
17-P-19	The list of emergency medications available in the facility is reviewed annually.	**17-P-19**	No Change
17-P-20	Medications in the emergency cart are organized consistently to easily find the proper medication.	**17-P-20**	No Change
17-P-21	A medication dosing card is immediately available for staff or medications are available in doses and concentration that be immediately administered.	**17-P-21**	No Change
17-P-22	Facilities performing Platelet-Rich Plasma (PRP) procedures must comply with all applicable state, national, and federal requirements regarding blood handling. •In states where a Blood Bank License is required, the facility must obtain and maintain a valid license prior to offering PRP services. •Policies and procedures for blood collection, processing, storage, and reinfusion must be documented and consistently followed, in accordance with applicable regulations and accreditation guidance. •Staff performing PRP procedures must receive appropriate training in blood handling, aseptic technique, and regulatory compliance.	**17-P-22**	No Change
17-Q-1	Scrub suits, caps or hair covers, gloves, operative gowns, masks, eye protection, and other appropriate personal protective equipment are available and routinely used for procedures when appropriate.	**17-Q-1**	No Change
17-Q-2	A sterile field is used when appropriate.	**17-Q-2**	No Change
17-Q-3	The facility staff must have knowledge of infection control techniques.	**17-Q-3**	No Change
17-Q-4	Policies and practices exist to prevent and control infections, such as proper hand washing, prevention of site infection, and infection event reporting.	**17-Q-4**	No Change

NON-SURGICAL AESTHETIC WELLNESS STANDARDS CHANGE REPORT

QUAD A Previous Version 1.0		Revised Standards - Version 1.1 Effective March 31, 2026	
Standard	**Language**	**Standard**	**Language**
17-Q-5	There is strict segregation of dirty surgical equipment and instruments that have been cleaned and are in the preparation and assembly area.	**17-Q-5**	No Change
17-Q-6	All non-disposable instruments used in patient care are sterilized where applicable.	**17-Q-6**	No Change
17-Q-7	If non-disposable instruments are not used, the facility has at least one autoclave that uses high-pressure steam and heat, or all sterile items are single-use disposable. If not processed immediately for sterilization, all soiled instruments are to be treated with an enzymatic cleaner.	**17-Q-7**	No Change
17-Q-8	Additional methods in use can be chemical autoclave (Chemclave©) or gas (ethylene oxide/EO) sterilizer.	**17-Q-8**	No Change
17-Q-9	Gas sterilizers, if used, must be vented as per the manufacturer's specifications.	**17-Q-9**	No Change
17-Q-10	The facility monitors the sterilization cycle's effectiveness in accordance with nationally and internationally recognized standards of practice and in conjunction with the manufacturer's instructions for use. This includes but is not limited to: •Monitoring each sterilizer load for the appropriate mechanical indicators (e.g., time, temperature, and pressure). •Using type 1 (external) and type 5 (internal) chemical indicators. •Weekly biological indicator (spore test) for each sterilizer. •Using a biological indicator for every load containing implantable items; and. •Recording evidence of sterilization assurance monitoring for every load, and any corrective action is documented.	**17-Q-10**	No Change
17-Q-11	Sterile instruments and supplies are packaged according to the manufacturer's instructions for use (IFU) and sealed effectively. Self-sealing peel pouches must be folded on the crease and may only be double-pouched when the process is validated by the manufacturer.	**17-Q-11**	No Change
17-Q-12	Each sterilized pack is marked with the date of sterilization and, when applicable, with the expiration date. When more than one autoclave is available, each pack must be labeled to identify which autoclave it was sterilized.	**17-Q-12**	No Change
17-Q-13	Comprehensive monitoring records that include quality control are retained for the sterilization or other disinfection process and should be reviewed and stored for a minimum of three (3) years.	**17-Q-13**	No Change
17-Q-14	There is a written policy and procedure for the management of a positive biological indicator.	**17-Q-14**	No Change
17-Q-16	High-level disinfection is used only for non-autoclavable instruments or equipment in semi-critical areas where contact will be made with mucus membranes or other non-sterile body surfaces. The manufacturer's recommendations for usage must be followed at all times.	**17-Q-16**	No Change
17-Q-17	The treatment room(s) are cleaned and disinfected according to an established facility policy and procedure, based on industry standards, and includes, at a minimum: • Cleaning schedule • Process for cleaning between treatments • Use of intermediate-level, medical-grade disinfectants EPA-registered as virucidal, bactericidal, tuberculocidal, and fungicidal.	**17-Q-17**	No Change

NON-SURGICAL AESTHETIC WELLNESS STANDARDS CHANGE REPORT

QUAD A Previous Version 1.0		Revised Standards - Version 1.1 Effective March 31, 2026	
Standard	**Language**	**Standard**	**Language**
17-Q-19	There is a written policy for cleaning spills, especially spills that may contain blood-borne pathogens.	**17-Q-19**	No Change
17-Q-20	All blood and body fluid spills are cleaned using medical-grade EPA-registered germicides that are virucidal, bactericidal, tuberculocidal, and fungicidal.	**17-Q-20**	No Change
17-Q-21	When cloth drapes, sheets, robes, or blankets are used, dirty linen is regularly emptied into a container with a lid.	**17-Q-21**	No Change
17-Q-22	Dirty laundry, once collected, is stored in a laundry bag in an appropriate room away from treatment areas and supplies. A commercial laundry service is used.	**17-Q-22**	No Change
17-Q-23	A written protocol has been developed for use by housekeeping personnel for cleaning floors, tables, walls, ceilings, counters, furniture, and fixtures of the treatment room.	**17-Q-23**	No Change
17-Q-24	Single-use devices are not reprocessed unless they are approved by the FDA for reprocessing. Reprocessing of these devices is done by an FDA-approved reprocessor. NOTE: The FDA requirement does not apply to international facilities. International facilities must comply with local, state/provincial or federal/national requirements regarding reprocessing single-use devices.	**17-Q-24**	No Change
17-R-1	Clinical records must be kept secure and confidential, consistent with national patient privacy regulations.	**17-R-1**	No Change
17-R-2	Clinical records for each patient must be accurate, legible, and promptly completed.	**17-R-2**	No Change
17-R-4	Clinical records must be retained the number of years as required by state/provincial and/or national law or a minimum of three (3) years to comply with the QUAD A three-year survey cycle.	**17-R-4**	No Change
17-R-5	Clinical records must contain appropriate patient identification.	**17-R-5**	No Change
17-R-6	A simple relevant history or a Good Faith Exam is conducted appropriate to the treatment to be provided and in accordance with the risk stratification.	**17-R-6**	No Change
17-R-7	The clinical record includes responses regarding any allergies and abnormal drug reactions.	**17-R-7**	No Change
17-R-8	The clinical record includes responses regarding current medications.	**17-R-8**	No Change
17-R-9	The clinical record includes documentation of medical history.	**17-R-9**	No Change
17-R-11	The clinical record includes previous treatments.	**17-R-11**	No Change
17-R-12	The clinical record includes responses regarding bleeding risk including medical conditions and medication taken up to the day of the treatment.	**17-R-12**	No Change
17-R-13	A physician, APRN, or PAC (as permitted by state/national law) shall determine and document the patient's medical status immediately prior to an initial treatment requiring a Good Faith Exam, and subsequent treatments if required.	**17-R-13**	No Change
17-R-14	The name of the pathologist must be on all pathology reports.	**17-R-14**	No Change
17-R-15	All laboratory results must be reviewed and acknowledged by the ordering health care provider.	**17-R-15**	No Change
17-R-16	All other reports, such as pathology reports and medical clearance reports, must be reviewed and acknowledged by the ordering health care provider.	**17-R-16**	No Change

NON-SURGICAL AESTHETIC WELLNESS STANDARDS CHANGE REPORT

QUAD A Previous Version 1.0		Revised Standards - Version 1.1 Effective March 31, 2026	
Standard	**Language**	**Standard**	**Language**
17-R-17	If tests/studies are done in the facility, the laboratory meets applicable licensure, standards, and state/provincial/national laws and regulations.	**17-R-17**	No Change
17-R-18	A written treatment plan that is individualized to the patient shall be developed, which follows the standard of care. A treatment plan should include specific instructions on doses, settings, and specific areas of treatment.	**17-R-18**	No Change
17-R-19	A record is maintained of all medications given to a patient, including the date, time, amount, and route of administration.	**17-R-19**	No Change
17-R-20	Post-treatment progress notes are recorded as appropriate.	**17-R-20**	No Change
17-R-21	Following a procedure, the patient is given discharge instructions for procedures in the orange category of risk, including procedures for emergency situations. A signed copy of the instructions is maintained in the patient's chart.	**17-R-21**	No Change
17-R-22	For medical spas performing aesthetic treatments, a separate treatment log of all treatments must be maintained, either in a sequentially numbered, bound journal from which pages may not be removed or in a tamper-proof, secured computer record consistent with state and federal law. A loose-leaf notebook or a spiral-bound notebook does not fulfill this regulation. This log must be kept in the facility.	**17-R-22**	No Change
17-R-23	The treatment log must include the following: •The date of the procedure •Patient's name and/or identification number •The type of procedure •The proceduralist's name •Type of anesthesia used – local, topical, and/or nitrous oxide	**17-R-23**	No Change
17-R-24	A written pregnancy testing policy must be in place that requires discussion and documentation of the issue with each patient, as appropriate.	**17-R-24**	No Change
17-S-1	A properly executed informed consent form, which authorizes the treating individual by name to perform the procedure and describes the treatment, is always obtained.	**17-S-1**	No Change
17-S-2	Expectations, alternatives, risks, and complications are discussed with the patient, and these are documented.	**17-S-2**	No Change
17-S-3	The patient signs a separate consent form if research protocols, videography, or photography are to take place.	**17-S-3**	No Change
17-T-1	The facility has a medical director with full legal responsibility for determining, implementing, and monitoring policies governing the facility's total operation. The Medical Director has oversight and accountability for the quality assessment and performance improvement program, ensures that the facility policies and programs are administered so as to provide quality health care in a safe environment, and develops and maintains a disaster preparedness plan.	**17-T-1**	The facility has a MedSpa Director with full legal responsibility for determining, implementing, and monitoring policies governing the facility's total operation. The MedSpa Director has oversight and accountability for the quality assessment and performance improvement program, ensures that the facility policies and programs are administered so as to provide quality health care in a safe environment, and develops and maintains a disaster preparedness plan.
17-T-2	The Medical Director sets policy on how individual staff deal with each other, external parties, and the staff's role in properly dealing with patients.	**17-T-6**	The MedSpa Director sets policy on how individual staff deal with each other, external parties, and the staff's role in properly dealing with patients.
17-T-3	The Medical Director must ensure that all outside services are provided in a safe and effective manner. This includes contracted services such as staffing, laundry services, housekeeping, equipment maintenance, and sterile processing.	**17-T-9**	The MedSpa Director must ensure that all outside services are provided in a safe and effective manner. This includes contracted services such as staffing, laundry services, housekeeping, equipment maintenance, and sterile processing.

NON-SURGICAL AESTHETIC WELLNESS STANDARDS CHANGE REPORT

QUAD A Previous Version 1.0		Revised Standards - Version 1.1 Effective March 31, 2026	
Standard	**Language**	**Standard**	**Language**
17-T-4	The policies, procedures, and processes adopted by the Medical Director are reviewed and revised at least annually.	**17-T-4**	The policies, procedures, and processes adopted by the MedSpa Director are reviewed and revised at least annually.
17-T-5	The Medical Director is responsible for overseeing the facility's risk management program.	**17-T-5**	The MedSpa Director is responsible for overseeing the facility's risk management program.
17-T-6	Each medical spa shall designate a licensed physician, holding an active license in the state where the medical spa operates, to serve as the Medical Director.	**17-T-2**	The medical spa shall designate a qualified healthcare professional to serve as the MedSpa Director responsible for clinical and facility oversight. This individual must hold a current license in the state/country in which the medical spa operates and be authorized under applicable law(s) to independently practice and assume clinical and facility leadership responsibilities within their scope of practice. If the law(s) do not specify eligible provider types for this role, the position must be filled by a licensed physician in the state where the medical spa operates.
17-T-7	If the Medical Director is not on-site, they must be available for consultation with staff during all procedures, either in person, by telephone, or through telehealth communication, and must hold an active license to practice in the state where the medical spa operates.	**17-T-7**	If the MedSpa Director is not on-site, they must be available for consultation with staff during all procedures, either in person, by telephone, or through telehealth communication, and must hold an active license to practice in the state where the medical spa operates.
17-T-8	The Medical Director may supervise no more than three (3) locations and must have current licensure in the state.	**17-T-8**	The MedSpa Director may supervise no more than three (3) locations and must have current licensure in the state.
17-T-9	A Medical Director must: •Be a physician (MD/DO) licensed to practice medicine in the state where the facility operates. •For med spas where any aesthetic procedures or treatments are performed, the Medical Director must have the proper education, training, experience, and competence to safely administer, delegate, and supervise each cosmetic medical procedure at the medical spa. For med spas where any aesthetic procedures or treatments are performed, the Medical Director must be trained in the indications for and performance of cosmetic and wellness medical procedures, including all medical devices or instruments that can alter or cause biological change or damage the skin and subcutaneous tissue.	**17-T-3**	A MedSpa Director must: •Be an MD, DO, DMD, or DDS licensed to practice medicine in the state where the facility operates. **OR** •A licensed practitioner, the law authorizes to independently practice and assume clinical and facility leadership responsibilities, within their scope of practice, where the facility operates. •If the law does not specify who may function as the MedSpa Director, the role must be filled by a licensed physician in the state where the MedSpa operates . •For med spas where any aesthetic procedures or treatments are performed, the MedSpa Director must have the proper education, training, experience, and competence to safely administer, delegate, and supervise each cosmetic medical procedure at the medical spa. For med spas where any aesthetic procedures or treatments are performed, the MedSpa Director must be trained in the indications for and performance of cosmetic and wellness medical procedures, including all medical devices or instruments that can alter or cause biological change or damage the skin and subcutaneous tissue.
17-T-10	The Medical Director accepts responsibility for the overall safety of all patients treated at the medical spa.	**17-T-10**	The MedSpa Director accepts responsibility for the overall safety of all patients treated at the medical spa.
17-T-11	The Medical Director is responsible for establishing a means for obtaining the appropriate informed consent from each patient and that the signed patient's consent for treatment is obtained prior to treatment. Consent forms must also include language for emergency treatment, should it be needed. If the procedure is being performed by a non-physician provider, the credentials and name of the non-physician provider will also be listed on the consent.	**17-T-11**	The MedSpa Director is responsible for establishing a means for obtaining the appropriate informed consent from each patient and that the signed patient's consent for treatment is obtained prior to treatment. Consent forms must also include language for emergency treatment, should it be needed. If the procedure is being performed by a non-physician provider, the credentials and name of the non-physician provider will also be listed on the consent.

NON-SURGICAL AESTHETIC WELLNESS STANDARDS CHANGE REPORT

QUAD A Previous Version 1.0		Revised Standards - Version 1.1 Effective March 31, 2026	
Standard	**Language**	**Standard**	**Language**
17-T-13	The Medical Director is responsible for ensuring that all physicians or non-physician practitioners working in the medical spa are fully trained and qualified to perform the procedures with which they are tasked, including certification for the use of specific equipment. The Medical Director also assesses their individual clinical performance on an ongoing basis.	**17-T-13**	The MedSpa Director is responsible for ensuring that all practitioners working in the medical spa are fully trained and qualified to perform the procedures with which they are tasked, including certification for the use of specific equipment. The MedSpa Director also assesses their individual clinical performance on an ongoing basis. Any unlicensed staff must be appropriately supervised on-site.
17-T-14	The Medical Director is responsible for ensuring that licensed medical professionals, such as APRNs, PACs, registered nurses, licensed practical nurses, aestheticians, cosmetologists, etc., comply with their professional scope of practice and act in accordance with their respective state/national licensing boards. Any unlicensed staff must be appropriately supervised on-site.	**17-T-14**	The MedSpa Director is responsible for ensuring that licensed practitioners comply with their professional scope of practice and act in accordance with their respective state/national licensing boards. Any unlicensed staff must be appropriately supervised on-site.
17-T-16	The Medical Director is responsible for confirming that the medical spa is equipped with all necessary safety equipment, supplies, and processes to address medical complications and emergencies that may arise during treatment and immediately after the procedure.	**17-T-16**	The MedSpa Director is responsible for confirming that the medical spa is equipped with all necessary safety equipment, supplies, and processes to address medical complications and emergencies that may arise during treatment and immediately after the procedure.
17-T-17	The Medical Director is responsible for ensuring compliance with standards for the appropriate training and qualifications of medical spa providers.	**17-T-17**	The MedSpa Director is responsible for ensuring compliance with standards for the appropriate training and qualifications of medical spa providers.
17-T-19	The Medical Director develops policies related to conducting telehealth Good Faith Exams.	**17-T-19**	The MedSpa Director develops policies related to conducting telehealth Good Faith Exams.
17-T-20	The Medical Director is responsible for ensuring a written treatment plan with orders for each patient, including diagnosis, course of treatment, and specifications for any device being utilized.	**17-T-20**	The MedSpa Director is responsible for ensuring a written treatment plan with orders for each patient, including diagnosis, course of treatment, and specifications for any device being utilized.
17-T-21	The Medical Director is responsible for ensuring that clinical records are maintained in a manner consistent with accepted medical practice and in compliance with the rules of the local jurisdiction having control where the medical spa is located.	**17-T-21**	The MedSpa Director is responsible for ensuring that clinical records are maintained in a manner consistent with accepted medical practice and in compliance with the rules of the local jurisdiction having control where the medical spa is located.
17-T-23	The Medical Director must ensure that the facility complies with all local, regional, national, state, and county regulations, including those related to employee health and safety, building and environmental protection, reportable diseases, and waste management.	**17-T-23**	The MedSpa Director must ensure that the facility complies with all local, regional, national, state, and county regulations, including those related to employee health and safety, building and environmental protection, reportable diseases, and waste management.
17-T-24	The Medical Director must document the staffing levels and what qualifications are required for each position, based on the services offered at the facility.	**17-T-24**	The MedSpa Director must document the staffing levels and what qualifications are required for each position, based on the services offered at the facility.
17-T-25	The Medical Director must review and approve credentialing for all practitioners upon hire and then every 36 months, including approved delineation of privileges.	**17-T-25**	The MedSpa Director must review and approve credentialing for all practitioners upon hire and then every 36 months, including approved delineation of privileges.
17-T-26	The Medical Director must review and maintain a record of the performance of all practitioners and staff at least annually. This includes a record of corrective actions and educational activities.	**17-T-26**	The MedSpa Director must review and maintain a record of the performance of all practitioners and staff at least annually. This includes a record of corrective actions and educational activities.
17-U-1	The facility has a written quality improvement program implemented which includes surveys or projects to: ·Monitor and evaluate patient care ·Evaluate methods to improve patient care ·Identify and correct deficiencies within the facility ·Alert the facility's Quality Improvement Program to identify, track, trend, evaluate and resolve problems.	**17-U-1**	No Change
17-U-2	Performance improvement activities must track adverse patient events, examine their causes, implement improvements, and ensure that improvements are sustained over time.	**17-U-2**	No Change

NON-SURGICAL AESTHETIC WELLNESS STANDARDS CHANGE REPORT

QUAD A Previous Version 1.0		Revised Standards - Version 1.1 Effective March 31, 2026	
Standard	**Language**	**Standard**	**Language**
17-U-3	The facility has processes for reporting and investigating safety incidents, complaints, and adverse events for patients and staff on a defined basis. For example, if visual problems occur with or after treatment, an ophthalmologist must be consulted.	**17-U-3**	No Change
17-U-4	All staff must be educated in risk management activities upon hire, annually thereafter, and when there is an identified need.	**17-U-4**	No Change
17-U-5	A policy should document the competencies of practitioners who perform treatments and/or handle specialized equipment.	**17-U-5**	No Change
17-V-1	Physicians (MDs/DOs), Dentists, OMS, and advanced practice providers must be legally and professionally qualified for the treatments they perform. Chiropractors, Naturopaths, PhD, PharmD, etc., are not eligible to provide or supervise treatments in this program. A Doctor of Nursing Practice (DNP) can provide treatment based on their level of prior training as an RN or APNP. Doctors of Oriental Medicine may perform acupuncture procedures only, as per state/national law.	**17-V-1**	No Change
17-V-2	Any physician who performs cosmetic medical procedures listed in the Yellow and Orange-Level risk categories or who supervises cosmetic medical procedures performed by another staff member listed in the Yellow or Orange-Level risk categories must be trained in the indications for and performance of the procedure. i. Completing an ACGME or AOA-accredited postgraduate program that includes training in the cosmetic medical procedure being performed satisfies the education requirement. This includes Plastic Surgery, Dermatology, Facial Plastics, and Oculoplastics. ii. Physicians who did not complete training in an accredited ACGME or AOA-accredited program with specific training in cosmetic medical procedures (non-core) must demonstrate completion of the appropriate educational requirements for each and every category they perform or supervise.	**17-V-2**	No Change
17-V-3	APRNs, PACs, RNs and aestheticians who provide a cosmetic medical procedure must: •Be fully qualified to perform such procedures by having received appropriate theoretical and clinical instruction, education, and training in each service to be performed, including all topics listed in 17-V-4 •Be fully trained in the appropriate management of any resultant emergencies, complications, or sequelae. •For non-aesthetic procedures, Advanced Practice Providers must comply with all training requirements of this section (17-V-4 through 17-V-9.	**17-V-3**	No Change
17-V-4	MD/DOs, APRNs, PACs, RNs, and aestheticians who work in an aesthetic medical spa must have accredited postgraduate training hours in topics directly relevant to cosmetic procedures prior to performing cosmetic treatments. •These training hours must include appropriate indications and contraindications for cosmetic treatment, relevant anatomy, informed consent, procedural risks and how to mitigate them, proper and safe techniques, the management of complications, and legal responsibilities. •This training and education must be documented in the personnel file. The facility defines an adequate number of ongoing training hours required annually in policy.	**17-V-4**	No Change
17-V-5	Non-physician providers may only perform procedures in which they have been properly trained and are allowed in accordance with state/national law and the scope of practice. This training and delegation are documented in the personnel file.	**17-V-5**	No Change

NON-SURGICAL AESTHETIC WELLNESS STANDARDS CHANGE REPORT

QUAD A Previous Version 1.0		Revised Standards - Version 1.1 Effective March 31, 2026	
Standard	**Language**	**Standard**	**Language**
17-V-6	To perform botulinum toxin and filler procedures from the Yellow and Orange-Level Categories, non-core physicians, APPs, and RNs, where permitted by state/national law, working under the supervision of a Medical Director must: •Complete 20 continuing education CME/CEUs related to the core competencies of botulinum toxin use and intradermal filler use. •Observe a minimum of 25 cases by a qualified supervising provider who routinely performs/performs these treatments. •Perform 25 proctored cases for Neurotoxins, and 25 proctored cases by a qualified supervising provider for dermal fillers. •In states or countries where independent practice of non-physician providers is permitted, the non-physician provider must observe a minimum of 25 proctored cases by a qualified supervising provider who routinely performs/performed these treatments before working in a QUAD A-certified medical spa. Additionally, the non-physician provider must perform 25 proctored cases with neurotoxins and 25 proctored cases with dermal fillers. •Documentation of injection-specific training, experience, and education is required. A signed attestation from the qualified supervising provider is required.	**17-V-6**	To perform botulinum toxin and filler procedures from the Yellow and Orange-Level Categories, non-core physicians, APPs, and RNs, where permitted by state/national law, working under the supervision of a MedSpa Director, must: •Complete 20 continuing education CME/CEUs related to the core competencies of botulinum toxin use and intradermal filler use. •Observe a minimum of 25 cases by a qualified supervising provider who routinely performs/performs these treatments. •Perform 25 proctored cases for Neurotoxins, and 25 proctored cases by a qualified supervising provider for dermal fillers. •In states or countries where independent practice of non-physician providers is permitted, the non-physician provider must observe a minimum of 25 proctored cases by a qualified supervising provider who routinely performs/performed these treatments before working in a QUAD A-certified medical spa. Additionally, the non-physician provider must perform 25 proctored cases with neurotoxins and 25 proctored cases with dermal fillers. •Documentation of injection-specific training, experience, and education is required. A signed attestation from the qualified supervising provider is required.
17-V-7	To perform Sexual Wellness Treatments, treatment of mild to moderate stress incontinence or overactive bladder, or any listed procedures in the vulva, vagina or clitoris, or male genitalia, the following additional training is required: •Males: Dermal fillers, PRP, and PRF: providers must observe 25 cases performed by a qualified supervising provider and have successfully completed 25 proctored cases. •Females: providers must observe 25 cases for each of genital botulinum toxin, filler, or vaginal RF treatments performed by a gynecologist, urogynecologist, urologist, or a qualified supervising provider who routinely performs/performed these treatments and has successfully completed 25 proctored cases. Documentation of treatment-specific training, experience, and education is required. A signed attestation from the qualified supervising provider is required. A chaperone is required for treatments. Patients with moderately severe or severe urinary incontinence shall be referred out to a specialist physician. Completion of an ACGME-approved residency in Obstetrics & Gynecology, Urology, or a Urogynecology fellowship satisfies the educational & experience requirements of this standard for physicians. Physicians who did not complete training in an accredited ACGME or AOA-accredited program with specific training in these procedures must demonstrate documentation of equivalent training, education, and/or experience in writing for review by QUAD A.	**17-V-7**	No Change

NON-SURGICAL AESTHETIC WELLNESS STANDARDS CHANGE REPORT

QUAD A Previous Version 1.0		Revised Standards - Version 1.1 Effective March 31, 2026	
Standard	**Language**	**Standard**	**Language**
17-V-8	To perform Hormone Replacement Therapy (HRT), APPs working under the supervision of a medical director: •Must complete 20 hours of CME/CEU credits related to hormone replacement for both males and females. •Must review 25 cases where the treatment recommendations and follow-up were performed by an endocrinologist, gynecologist, or by a qualified supervising provider who routinely performs/performs these treatments. Must complete 25 proctored cases where the APP provided the treatment and follow the patients for a minimum of six (6) months. •In states or countries where independent practice of APPs is permitted, the APP must review 25 cases where the treatment recommendations and follow-up were performed by an endocrinologist, gynecologist, or by a qualified supervising provider who routinely performs/performs these treatments. And must complete 25 proctored cases where the APP provided the treatment and followed the patients for a minimum of six (6) months. Documentation of HRT-specific training, experience, and education is required, as is a signed attestation from a qualified supervising provider. Completing an ACGME-approved residency in Obstetrics and Gynecology, Internal Medicine, Family Practice, or an Endocrinology fellowship satisfies the educational and experience requirements of this standard for physicians.	**17-V-8**	To perform Hormone Replacement Therapy (HRT), APPs shall meet the following requirements: •Must complete 20 hours of CME/CEU credits related to hormone replacement for both males and females. •Must review 25 cases where the treatment recommendations and follow-up were performed by an endocrinologist, gynecologist, or by a qualified supervising provider who routinely performs/performs these treatments. Must complete 25 proctored cases where the APP provided the treatment and follow the patients for a minimum of six (6) months. •In states or countries where independent practice of APPs is permitted, the APP must review 25 cases where the treatment recommendations and follow-up were performed by an endocrinologist, gynecologist, or by a qualified supervising provider who routinely performs/performs these treatments. And must complete 25 proctored cases where the APP provided the treatment and followed the patients for a minimum of six (6) months. Documentation of HRT-specific training, experience, and education is required, as is a signed attestation from a qualified supervising provider. Completing an ACGME-approved residency in Obstetrics and Gynecology, Internal Medicine, Family Practice, or an Endocrinology fellowship satisfies the educational and experience requirements of this standard for physicians.
17-V-9	Integrative Medicine combines traditional Western medicine with “complementary” or “alternative methods” to create a “more complete” therapy. Functional Medicine tries to treat medical issues by examining potential underlying issues such as nutrition and gut microbiome, immune system health, toxins, adrenal, thyroid, and pituitary issues, and mitochondrial health. •To perform functional medicine treatments in a QUAD A-accredited Medical Spa, MDs/DOs and APPs must complete a minimum of 40 hours of accredited CME/CEUs in functional medicine core competencies. Completion of an ACGME-approved residency in Internal Medicine, Rehabilitation Medicine, or Gerontology fellowship satisfies the functional medicine educational & experience requirements for physicians. •To perform integrative medicine (Complementary/Alternative Medicine) treatments in a QUAD A-certified Medical Spa, MDs/Dos and APPs must complete a minimum of 40 hours of accredited CME/CEUs in integrative medicine core competencies. •Where lab tests are ordered, the patient must be fully informed of the out-of-pocket costs of such testing, prior to performing the tests. •Sales or use of ingested homeopathic preparations are not permitted. Reiki therapy is not permitted. Functional or Integrative Medicine is not permitted for the treatment of cancer or other life-threatening conditions. Such patients must be referred to an appropriate specialist.	**17-V-9**	No Change

NON-SURGICAL AESTHETIC WELLNESS STANDARDS CHANGE REPORT

QUAD A Previous Version 1.0		Revised Standards - Version 1.1 Effective March 31, 2026	
Standard	**Language**	**Standard**	**Language**
17-V-10	To perform Weight Loss MD/DOs, PACs, and APRNs must complete a minimum of 20 hours of accredited CME/CEUs in obesity medicine core competencies, including: •Obesity Epidemiology •Obesity Biology •Social Context of Obesity •Assessment of Obesity •Medical Complications of Obesity •Strategies for Obesity treatment •Lifestyle-based treatment of Obesity •Pharmacologic treatment of Obesity – including GLP1 agents, indications & contraindications, complications, dose advancement. •Bariatric surgery – when to refer, complications, late postoperative treatment •Dietary Assessment and Planning, including the use of additional supplements and vitamins. Completion of a Fellowship in Obesity Medicine, Bariatric Surgery, or Endocrinology satisfies the educational requirements for physicians.	**17-V-10**	No Change

NON-SURGICAL AESTHETIC WELLNESS STANDARDS CHANGE REPORT

QUAD A Previous Version 1.0		Revised Standards - Version 1.1 Effective March 31, 2026	
Standard	**Language**	**Standard**	**Language**
17-V-11	IV Therapy · **Must be prescribed by a physician, APRN, or PAC ** •IV therapy may be performed by: physicians, APPs, and RNs. •Patients shall complete a screening questionnaire for potential contraindications, and a consent form, prior to treatment. Providers may not administer IV therapy to patients for whom it would be unsafe, based on the results of the screening questionnaire or subsequent discussions with the patient. Informed consent specific to the medication that will be infused shall be obtained. • A brief pertinent physical exam, including vital signs, and auscultation of the lungs, shall be performed prior to starting the infusion. • All IV fluid bags shall be clearly labeled as to their contents or additives. The patient will be issued an allergy wrist band, and providers shall confirm allergy status prior to starting an infusion. • The patient will be supervised during the infusion by a suitable medical provider. The patient will also receive: • Written information related to potential side effects and risks of treatment, in plain language. • A visit summary, including details of administered fluids. A copy of the visit summary shall additionally be sent to the patient's physician of record. When mixing solutions on site, no more than one (1) additive shall be added to an IV solution. Mixtures requiring multiple components (e.g., Myers Cocktail) shall be provided to the medical spa by a compounding pharmacy that utilizes IV admixture, a pharmacist. and hood setup. The Medical Director will establish protocols for: •Aseptic technique during IV starts. •Prevention and treatment of iatrogenic infection •Incompatible IV additives •Treatment of complications, including extravasation of IV fluid •When to refer out •Emergencies requiring transfer of the patient to the nearest ER. Other Facility requirements: •There shall be a medication refrigerator available in the designated area. •There shall be a separate preparation room, for preparation of infusions. •IV fluids shall be opened and/or mixed as close as realistically possible to the time of use. •Preparation shall be performed with sterile technique. •Emergency supplies with medications for anaphylaxis and airways	**17-V-11**	IV Therapy · **Must be prescribed by a physician, APRN, or PA ** •IV therapy may be performed by: physicians, APPs, and RNs. •Patients shall complete a screening questionnaire for potential contraindications, and a consent form, prior to treatment. Providers may not administer IV therapy to patients for whom it would be unsafe, based on the results of the screening questionnaire or subsequent discussions with the patient. Informed consent specific to the medication that will be infused shall be obtained. • A brief pertinent physical exam, including vital signs, and auscultation of the lungs, shall be performed prior to starting the infusion. • All IV fluid bags shall be clearly labeled as to their contents or additives. The patient will be issued an allergy wrist band, and providers shall confirm allergy status prior to starting an infusion. • The patient will be supervised during the infusion by a suitable medical provider. The patient will also receive: • Written information related to potential side effects and risks of treatment, in plain language. • A visit summary, including details of administered fluids. A copy of the visit summary shall additionally be sent to the patient's physician of record. When mixing solutions on site, no more than one (1) additive shall be added to an IV solution. Mixtures requiring multiple components (e.g., Myers Cocktail) shall be provided to the medical spa by a compounding pharmacy that utilizes IV admixture, a pharmacist. and hood setup. The MedSpa Director will establish protocols for: •Aseptic technique during IV starts. •Prevention and treatment of iatrogenic infection •Incompatible IV additives •Treatment of complications, including extravasation of IV fluid •When to refer out •Emergencies requiring transfer of the patient to the nearest ER. Other Facility requirements: •There shall be a medication refrigerator available in the designated area. •There shall be a separate preparation room, for preparation of infusions. •IV fluids shall be opened and/or mixed as close as realistically possible to the time of use. •Preparation shall be performed with sterile technique. •Emergency supplies with medications for anaphylaxis and airways
17-V-12	Laser/Light-Based Hair Removal APRNs, PACs, RNs, and aestheticians must: •Maintain Certification in Laser Hair Removal (LHR) in accordance with state/national laws. An applicant for an LHR professional certificate shall meet the following requirements prior to performing procedures without supervision.: •Must complete 20 CEUs/CMEs, including the following areas. • LHR device safety • Laser physics • Skin Typing • Skin reactions • Treatment protocols • Skin reactions • Treatment protocols • Burns • Eye protection • Emergencies • Cardio-pulmonary Resuscitation •Identification of malignant and pre-malignant skin lesions •Observe 20 cases. •Perform at least 40 LHR procedures in a variety of skin types, within 12 months under the direct supervision of a senior LHR technician, an LHR professional, or a qualified supervising provider, and demonstrate safe and appropriate treatment.	**17-V-12**	No Change

NON-SURGICAL AESTHETIC WELLNESS STANDARDS CHANGE REPORT

QUAD A Previous Version 1.0		Revised Standards - Version 1.1 Effective March 31, 2026	
Standard	**Language**	**Standard**	**Language**
17-V-13	IPL (other than hair removal): •Must complete 20 relevant CEUs/CMEs •Must observe 25. •Must complete 25 IPL cases under the supervision of a qualified supervising provider with IPL training. •Must demonstrate adjustment of IPL settings with skin type. •Must demonstrate safe and appropriate treatment	**17-V-13**	No Change
17-V-14	Laser, IPL, and Energy-based devices (other than hair removal/reduction): Must complete forty relevant 20 CEUs/CMEs, including the following topics: •Skin Rejuvenation and/or skin tightening •Non-Ablative Skin Resurfacing/Skin treatments •Spider Vein Reduction •Ablative skin resurfacing •Telangiectasia Reduction and/or Acquired Adult Hemangioma Reduction •Facial Erythema Reduction and/or Solar Lentigo Reduction (Age Spots) •Acne Scar, Surgical scar, or traumatic scar reduction •Photo Facial or IPL-based skin treatment •Photodynamic Therapy (PDT) •Laser tattoo removal	**17-V-14**	No Change
17-V-15	Non-ablative skin resurfacing with laser •Must complete 20 relevant CEUs/CMEs •Must observe 10 (ten) cases. •Must complete 10 (ten) non-ablative skin resurfacing cases under the supervision of a qualified supervising provider with non-ablative laser training. •Must demonstrate safe and appropriate treatment	**17-V-15**	No Change
17-V-16	Ablative skin resurfacing with laser •Must complete 20 relevant CEUs/CMEs •Must observe 10 (ten) cases. •Must complete 10 (ten) ablative skin resurfacing cases under the supervision of a qualified supervising provider, certified laser technician, APRN, or PAC with ablative laser training. •Must demonstrate adjustment of laser energy settings with skin type. •Must demonstrate safe and appropriate treatment	**17-V-16**	No Change
17-V-17	Vascular lasers (skin only) •Must complete 20 relevant CEUs/CMEs •Must observe 10 (ten) cases. •Must complete 10 (ten) cases under direct in-room supervision of a qualified supervising provider with vascular laser training. •Must demonstrate safe and appropriate treatment	**17-V-17**	No Change
17-V-18	Tattoo removal with laser •Must complete 20 relevant CEUs/CMEs •Must observe 10 (ten) cases. •Must complete 10 (ten) cases under the supervision of a qualified supervising provider with tattoo removal training. •Must demonstrate safe and appropriate treatment	**17-V-18**	No Change

NON-SURGICAL AESTHETIC WELLNESS STANDARDS CHANGE REPORT

QUAD A Previous Version 1.0		Revised Standards - Version 1.1 Effective March 31, 2026	
Standard	**Language**	**Standard**	**Language**
17-W-1	All staff must wear identification that displays their provider type and licensing in a manner that is clear and not misleading to patients.	**17-W-1**	No Change
17-W-2	All non-physician providers (e.g., APRNs, PACs, RNs, aestheticians, etc.) must review and follow written protocols for each delegated cosmetic medical procedure. Documentation of this review must be included in the personnel record at the time of hire, annually thereafter, and whenever the protocol is updated.	**17-W-2**	No Change
17-W-3	All staff must notify the Medical Director and supervising provider of any adverse events or complications before the patient leaves the medical spa or as soon as they become aware.	**17-W-3**	All staff must notify the MedSpa Director of any adverse events or complications before the patient leaves the medical spa or as soon as they become aware.
17-W-4	There is a manual outlining personnel policies. The facility maintains a manual outlining personnel policies that is reviewed annually and updated as needed.	**17-W-4**	No Change
17-W-5	Each personnel record contains any health problems of the individual which may be hazardous to the employee, other employees, or patients and a plan of action or special precautions delineated as needed. To be reviewed and updated annually.	**17-W-5**	No Change
17-W-6	Each personnel record contains a resume of training and experience.	**17-W-6**	No Change
17-W-7	Each personnel record contains a date of employment.	**17-W-7**	No Change
17-W-8	Each personnel record contains a description of duties.	**17-W-8**	No Change
17-W-9	Each personnel record contains an ongoing record of continuing education.	**17-W-9**	No Change
17-W-10	Each personnel record contains ongoing records of inoculations or refusals in accordance with local, state/provincial, or federal/national requirements.	**17-W-10**	No Change
17-W-11	Each personnel record contains current certification or license if required by the state, province, region, or country.	**17-W-11**	No Change
17-W-12	The practitioners shall document an appropriate level of Continuing Medical Education (CME) and follow nationally accepted evidence-based protocols where they exist.	**17-W-12**	No Change
17-W-13	Each personnel record has evidence of other annual safety training including fire safety training, including operation of a fire extinguisher.	**17-W-13**	No Change
17-W-14	All clinical staff involved in patient care in the MedSpa shall maintain BLS certification.	**17-W-14**	No Change
17-W-15	Clinical personnel must be trained and knowledgeable about the facility's protocols for safe and timely transfer of a patient to an Emergency Room (ER) when emergency services are required.	**17-W-15**	No Change
17-W-16	Clinical personnel are familiar with equipment and procedures utilized in the treatment of emergencies discussed in standards section 17-O.	**17-W-16**	No Change
17-W-17	Where staff cannot demonstrate competency, training, or experience in the safe operation of equipment, the facility provides and documents training or arranges training through an accredited external provider.	**17-W-17**	No Change
17-W-18	Personnel are thoroughly familiar with the operating instructions for any sterilizer equipment being used.	**17-W-18**	No Change

NON-SURGICAL AESTHETIC WELLNESS STANDARDS CHANGE REPORT

QUAD A Previous Version 1.0		Revised Standards - Version 1.1 Effective March 31, 2026	
Standard	**Language**	**Standard**	**Language**
17-W-19	All staff involved in patient care have adequate knowledge to perform cardiopulmonary resuscitation (BLS), and to recognize and treat filler and anaphylactic emergencies.	**17-W-19**	No Change
17-W-20	Staff performing drug compounding must complete compounding competencies upon hire and then annually.	**17-W-20**	No Change
17-W-21	All staff performing procedures must have an initial competency assessment upon hire and then annually for all procedures performed, and as new procedures are added or updated.	**17-W-21**	No Change
17-W-22	Each personnel record has evidence of annual hazard safety training.	**17-W-22**	No Change
17-W-23	Each personnel record has evidence of annual bloodborne pathogen training.	**17-W-23**	No Change
17-W-24	Each personnel record has evidence of annual standard precaution training.	**17-W-24**	No Change