
IMMEDIATE DOCUMENTATION (WITHIN 24 HOURS)

- Record date, time, and nature of the incident
- Document what happened factually — no opinions, no blame language
- Photograph the issue from multiple angles in consistent lighting
- Note all products used (batch numbers if available)
- Record the client's immediate response and any symptoms

CLIENT COMMUNICATION

- Contact the client promptly — delayed communication increases anxiety and distrust
- Be honest and factual: "I've noticed [specific observation] and I want to discuss our options"
- Do NOT minimise, deflect, or blame the client's aftercare
- Present a clear plan of action: what you will do, when, and at what cost to the client
- Document the conversation — date, time, what was discussed, what was agreed

CORRECTION PLANNING

- Assess whether correction is within your competence or requires referral
- If within competence: create a written correction plan with timeline and expected outcomes
- If beyond competence: refer to a specialist practitioner and provide all documentation
- Correction sessions for practitioner error should be offered at no cost or reduced cost
- Set realistic expectations — some issues cannot be fully corrected

REFERRAL DECISION CRITERIA

- Signs of infection → Refer to GP or A&E immediately
- Suspected allergic reaction → Medical referral
- Vascular compromise from filler interaction → URGENT medical referral
- Significant colour or shape error beyond your correction ability → Specialist PMU practitioner
- Client distress requiring mental health support → Appropriate professional referral

PRACTICE REVIEW

- After resolution: review what happened and why
- Identify the root cause — technique? Assessment? Product? Communication?
- Update protocols or checklists to prevent recurrence
- Consider whether additional training is indicated
- File the complete incident record securely with client records