

## Protocol for Chemical Skin Peel Patch Testing

### WHY PATCH TEST?

The CPSA has published the standards for best practice and patch testing for chemical skin peels is recommended.

The practice of 'skin prepping' is not considered sufficient to ascertain the likelihood of allergic reactions because the percentage concentration of actives in skin prep products is substantially less than those contained in peel formulations.

### PATCH TESTING FOR CHEMICAL SKIN PEELING

Patch testing should ideally be carried out 24-48 hours prior to the first skin peel treatment or as close to the treatment as possible. In addition if there has been a gap of 6 months or more between treatments this test should be repeated. It will also be important to remember that it is possible for allergies to develop over time.

It will be important to patch test for all skin peel actives. If you are selecting from more than one peel range then you will need to patch test all formulations that might be potentially used.

The person carrying out the patch test must have been trained to carry this procedure out and be fully conversant with the application and recording procedures.

The patch test must be carried out in a professional environment

The patch testing must be carried out systematically and sequentially following a documented protocol that all designated personnel will follow.

Establishments will need to provide an 'example log chart' that clearly details which numbered areas relate to which formulation, with a space for the result / feedback.

Peel formulations must be listed and always be applied in the same order and to the same part of the body. Each patch test area will need to be numbered in ball point pen in line with the centre 'example log chart'

Establishments will need to have a patch test protocol consent form that will need to be signed by the client. It will need to stipulate that the client is agreeing to notify the centre/ practitioner immediately if an allergy occurs.

The consent to treatment document should also be designed to include written confirmation that no adverse reactions to the patch test have occurred. The client will need to sign this confirmation when attending for their subsequent treatment.

## PROTOCOL

- Carry out the patch testing on the inside of the elbow crease or if you are testing multiple actives then you should apply to the inside of the lower forearm.
- Cleanse the skin with the proprietary products to be used during the peel procedure. If the peel protocol involves the use of a skin disinfectant then this must also be applied.
- If the peel protocol involves the use of a degreasing solution apply this to the skin after the cleansing and disinfection procedures.
- Each test patch area must be numbered in ball point pen in line with the 'example log chart'
- Take a pre-test photo to document the skin prior to the test and the numbered patches.
- Using a cotton bud apply small amounts of the chosen peel formulations to the skin in the order required. This should be done quickly to allow for all actives to have been on the skin for as close to the same time as possible.
- Leave the actives for 2 minutes. It will not be necessary to leave for longer otherwise you may well induce the full peeling effects. Use a timing devise to ensure accuracy.
- At the end of the time neutralise all actives with the proprietary product that is to be used in the peel treatment. For non- neutralised peels this will not need to be carried out.
- Finish with application of a small amount of the SPF to be used post treatment and ask clients to out keep their arm out of direct sun light.
- Take a post-test photograph for your records and detail all the results in writing. All visible changes to the skin and all tactile sensations felt by the client, must be recorded in as much written detail as possible.

- It will be imperative to record systematically. There should be a written record of all responses for all formulations in the order of the documented protocol.
- An allergic reaction will usually show immediately and be very evident. It will be accompanied by extreme sensory change such as itching, stinging, or pain and visible changes such as erythema and possible inflammation. A small amount of erythema and/or a slight sensory awareness will not be a sign of an allergy but a normal reaction to the formulations.
- After the patch test results have been recorded It will be imperative to ask all clients to sign to say the test has been completed and to verify the results being recorded.
- All clients must be asked and instructed in writing that they must notify of any delayed reactions. Instructions must detail an email address and telephone number for this contact to be made. Centre personnel must ensure any information received via email or telephone is recorded in accordance with the centre protocol.

#### WHAT TO DO IN THE CASE OF AN ALLERGIC REACTION OCCURRING

- All centres will need to have a written protocol for what must happen if an allergic reaction does take place. All centre personnel will need to be trained and follow this protocol and document accordingly in line with organisational procedures.
  - If any client was to get an allergic response to a patch test for a chemical skin peel, it will be important to respond professionally and appropriately to the situation.
- If the allergic reaction happens at the time of the patch test:**
- Neutralise and remove the peel immediately and thoroughly with clean damp gauze pads and continue to rinse the area with cool water.
  - Assess the situation. If the client needs medical intervention it will be imperative to ascertain this quickly and make contact with a supervising medic. If you are working alone ask the client to contact their GP or in more serious instances call emergency services.
  - If the reaction is a sensory one but not too extreme, rinsing the skin should be continued for as long as is required to bring the reaction under control. The client should be advised not to apply any other products for 12-24 hours unless specifically advised to do so by a supervising medic.

- A post treatment healing support product or a cooling gel might be appropriate to provide free of charge. The client can continue with cool water bathing at home if required.
- If the reaction is more severe then they should be advised to seek medical advise as soon as possible.
- If the client is feeling dizzy, light headed or feeling the onset of headaches but they are confident that they are not extremely affected, it will be advisable to escort and remove the client to a quiet private area if possible, until fully recovered. Offer water to drink and ensure that someone can stay with the client at all times.
- It might be appropriate to take photos of the clients skin to document the reaction, however do not do this at the expense of their health & safety. Prioritise responses appropriately.
- Once the client is fully recovered, the person responsible for the care of the client will need to complete the centre documentation to fully record the nature of the allergic reaction and all actions taken to resolve the issue.
- The client will need to witness and sign the completed documentation.

**If the allergic reaction is delayed and happens after the client has left the treatment centre:**

- All clients must be given verbal and written advise as to the protocol to follow in the case of a delayed reaction to the patch test.
- If the reaction is severe they should be advised to seek medical guidance as soon as possible. This might be contact with their GP or contact with a hospital.
- If the reaction not severe but concerning, the client should take appropriate action. This might be rinsing of the skin with clean cool water until the skin is back to normal or taking time out to lie down somewhere quiet and cool until they feel recovered.
- Clients must be asked to contact the treatment centre in line with recommended protocol to report their reaction as soon as is possible to do so.
- Centre personnel must record all information in accordance with organisational procedures.