



## Protocol for Chemical Skin Peel Patch Testing

### PATCH TESTING FOR CHEMICAL SKIN PEELING

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 TEST PROTOCOL

- 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 Informed Consent Form that will need to explain the procedure and prospective reactions and this must 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

1. Check for existing known allergies
2. Check for a history of anaphylaxis and whether the client has ever carried an EpiPen or Adrenaline injector – THIS IS A CONTRA-INDICATION TO THE TEST IN ALL CASES
- 3.
4. Explain the procedure to the client and gain their Informed Consent
5. You must individually patch test all formulations likely to be used on the client during their progressive treatment programme including degreasing / disinfectant solutions, peel actives and neutralising agents.
6. The test should be carried on the inside of the elbow crease if only testing one formulation or if you are testing multiple actives then you should apply to the inside of the lower forearm.
7. Cleanse the skin with warm water only
8. Each test patch area must be numbered in ball point pen in line with the Log Chart
9. Take a pre-test photo to document the skin prior to the test and the numbered patches. LABEL THIS PHOTOGRAPH clearly with the client's name, the date, the type of patch test and Before / After annotation
10. If you are testing single agent peels of which you have a variety of percentage strengths then test the middle strength formulation Eg Out of Glycolic peels at 20% , 30% and 40% you should test the 30% strength
11. 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.
12. Leave the formulations on the skin for 2 – 3 minutes. It will not be necessary to leave for longer otherwise you may well induce the full peeling effects. Use a timing device to ensure accuracy.
13. At the end of the time neutralise all peel formulations with the proprietary product or sodium bicarbonate solution that is to be used in the peel treatment. Remove surplus product with cold water
14. Take a post-test photograph for your records LABEL THIS PHOTOGRAPH clearly with the client's name, the date, the type of patch test and 'Before / After' annotation
15. Detail all the immediate skin reactions in writing. All visible changes to the skin and all tactile sensations felt by the client, must be recorded
16. 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.
17. Give the client the post patch test instruction leaflet including an email address and telephone number and instructing them to contact you if any form of delayed reaction takes place. Give instructions for emergency action should a systemic allergic reaction occur

## ASSESSING THE PATCH TEST RESULTS

1. A topical histamine reaction will indicate an allergy to the solution being tested. This reaction will usually show immediately or within a couple of hours. This will include:
  - Itching
  - Stinging
  - Erythema and Swelling
  - Urticaria rash .
2. For immediate topical reactions: Record the patch test results and ask the client to verify the accuracy of this information .( Remember that the peel formulation in its own right will cause some reddening of the skin and a prickling or burning sensation so do not confuse this with an allergic reaction which will be more pronounced)
3. For delayed topical reactions : All clients must be instructed in writing to notify the clinic or practitioner 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

### **If an immediate topical allergic reaction occurs:**

1. Neutralise the peel formulation immediately and rinse the area with cool water.
2. If the reaction is purely a topical histamine reaction the area must be rinsed of all traces of the solution, dried and anti-histamine cream applied. This will normally negate the allergic reaction within 30 minutes.
3. 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.
4. 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 and anti-histamine cream at home if required.
5. If the skin reaction persists the client should be advised to visit their local pharmacy for an oral anti-histamine or contact their GP
6. Ensure all written and photographic evidence of the skin reaction is fully recorded

**If a delayed topical allergic reaction occurs after the client has left the clinic:**

1. All clients must be given verbal and written advice on how to deal with a delayed reaction to the patch test.
2. If possible they should take a photograph of the skin reaction for you to refer to
3. The client should rinse the skin with cold water, dry and apply anti-histamine cream
4. If the skin reaction persists the client should be advised to visit their local pharmacy for an oral anti-histamine or contact their GP

**If a systemic allergic reaction is indicated :**

1. In rare cases an individual may show signs of a systemic or anaphylactic allergic reaction. This will show as :
  - Swelling of the mouth, lips and tongue
  - Tightening of the airways
  - Difficulty breathing
  - Swollen and weepy eyes
2. THIS IS AN EMERGENCY SITUATION AND YOU MUST IMMEDIATELY DIAL 999 FOR AN AMBULANCE.
3. Check again that the client does not carry an EpiPen – it may be that this has not been disclosed.

**IN ALL CASES ALWAYS KEEP DETAILED RECORDS AND PHOTOGRAPHIC EVIDENCE**