FHT Member Guidelines

Skin sensitivity tests (patch tests and thermal tests)

There are many important factors to consider when providing a treatment, but your clients’ health and safety is always paramount.

While certain skin sensitivity tests – such as patch tests or thermal tests - cannot completely rule out the possibility of an adverse skin reaction in clients, these can certainly help to reduce the risk.

In the context of these guidelines, a patch test will help to establish whether the client might be sensitive or allergic to a particular product or treatment, while a thermal test will help to establish that the temperature of a product will not damage the skin or cause the client discomfort.

As always, a thorough consultation process will help the member determine whether the products or treatments to be used are safe and appropriate, and if any sensitivity tests are required.

It should be noted that an allergic reaction to a product or ingredient can occur in any client, even if they have been exposed to that product or ingredient once or numerous times before. However, these guidelines aim to help members carry out tests appropriate to treatment and their clients’ needs, and to minimise the risk of any adverse reactions.

Please note that these Guidelines should be read in conjunction with the FHT Code of Conduct and Professional Practice (www.fht.org.uk/code). These Guidelines are also not exhaustive. Some advanced beauty treatments may require additional sensitivity tests.

Guidelines

1. When to carry out patch tests

1.1 Where appropriate, members must carry out patch tests on clients prior to treatment.

1.1.1 Patch tests must be carried out if it is a requirement of the member’s therapy insurance. Members should check their policy wording or contact their insurance provider for clarification, if needed.
1.1.2 Patch tests must be carried out if recommended during training and/or by the manufacturer.

1.1.3 Patch tests should be carried out when a treatment involves using a product or piece of equipment that has an increased risk of causing an adverse skin reaction in clients.

1.1.3.1 FHT members are required to carry out patch tests for hair dying, eyelash or eyebrow tinting, eyelash perming, false eyelashes, eyelash extensions and laser and IPL.

1.1.3.2. The FHT strongly recommends carrying out patch tests for waxing and if applying mendhi henna (please note: black mendhi henna should never be patch tested or applied to clients).

1.1.4 Patch tests should be carried out if the client’s personal health or circumstances may result in the skin being more sensitive than usual (for instance, if they are pregnant, or having medication or treatments that may affect the skin’s sensitivity).

1.1.5 Patch tests should be carried out if the client has a history of sensitive skin.

1.1.6 Products being used to carry out patch tests should be within expiry date.

1.2 If a patch test is required (see Section 1), unless the manufacturer states otherwise, these should be carried out at least 24 hours prior to the client’s first treatment, or 48 hours prior if it’s an essential oil blend.

1.3 A repeat or new patch test is required:

1.3.1 if there has been a break between repeat treatments of more than six months;

1.3.2 if the type or brand of product has changed since the client’s last patch test;

1.3.3 if a change in the client’s personal health or circumstances may alter their skin sensitivity (ie. if the client becomes pregnant or is having certain medication or treatments);

1.3.3 on an annual basis, as standard.

1.4 If the client advises the member that they have had an allergic reaction in the past to the products or equipment you intend to use as part of the treatment, a patch test or treatment should NOT be carried out, due to the increased risk of an allergic reaction.
1.4.1 If the client has had/has an adverse reaction to eyelash tinting, eyelash perming or false eyelashes, all three of these products/treatments should be avoided in the future (including patch testing).

2. Carrying out a patch test

2.1 It is always important to follow the manufacturer’s instructions when testing or using a product, but if patch test guidelines are not provided, the following principles apply:

2.1.1 Apply a small amount of the product to the client’s skin (the crook of the arm, forearm, or just behind the earlobe is preferable, depending on the product). If testing essential oils, ensure these are diluted in a suitable carrier, as they would be typically applied to the skin.

2.1.2 If patch testing a product that is typically removed during the course of a treatment, such as wax, only leave this on the skin for as long would be required of a standard treatment and then remove.

2.1.3 Clients should be advised not to remove the product for 24 hours (or 48 hours, for an essential oil blend) and ensure the area doesn’t get wet.

2.2 If the client experiences any redness or irritation within the patch test period (24/48 hours):

2.2.1 the product should be avoided in the future;

2.2.2 a record should be made on the client’s notes to indicate that this product should not be used again;

2.2.4 the client should be advised to have a patch test before using any similar products in the future (at home, or if visiting another therapist). One exception to this would be if the client reacted adversely to a product containing dye, in which case no further products containing dye should be patch tested or applied to the client.

2.3 If a client does not have an adverse reaction to the patch test, then treatment can go ahead as scheduled, 24 or 48 hours later.

2.4 When the client comes for repeat treatments, it is important to establish whether they experienced any adverse reactions following the previous treatment – including an allergic reaction; erythema; burning sensations; itching or tingling; or inflammation. Any adverse reaction to
treatment, no matter how mild, could be an indication that the client is becoming sensitised to the products used, and therefore repeat exposure could make the problem worse in the future.

The FHT would advise the member not to carry out any further treatments on the client using these particular products.

3. If the client has a reaction to a product during treatment

3.1 If a client presents with a minor reaction during treatment, the FHT would recommend that the member stops the treatment, immediately removes any excess product and rinses the affected area. The client should seek medical advice if symptoms persist or worsen.

3.2 If a client presents with an immediate and/or severe reaction to treatment, they should seek urgent medical attention and take with them detailed information about the product used (ie. product data sheet). The FHT would recommend that the member only removes the product if this will not cause further irritation and if the client does not require urgent medical attention.

3.3 If the client is likely to make an official complaint or insurance claim following an adverse reaction, it is important that the member advises the FHT as soon as possible. If the member has insurance through the FHT at the time the treatment took place, then the FHT’s insurance underwriters will defend the member if a client seeks compensation as a result of an adverse reaction to treatment. This is provided the treatment has been carried out in accordance to their training and that a patch test was carried out, where required as part of the patch testing condition of FHT membership and insurance.

4. When to carry out thermal tests

4.1 Where appropriate, members must carry out thermal tests on clients prior to treatment.

   4.1.1 Thermal tests should be carried out before applying any hot or cold therapies to the client’s skin, such as wax, bamboo, shells or stones, hot or cold wraps.

4.2 The member should first test a small area of their own skin (preferably the forearm, as this is most sensitive). If the temperature is comfortable, then the member should go on to test a small area of the client’s skin, before applying the product as per the requirements of the treatment.
4.3 Regular thermal tests should be carried out throughout the treatment to ensure that the temperature of the product is being regulated properly.

4.3.1 Additional thermal tests should be carried out if going on to treat a different area of the body that is more sensitive than the one originally tested (for example, if waxing the eyebrow area after a leg wax).

4.4 Therapists applying any hot or cold therapies should have a good understanding of any medical condition or medication that may impact the client’s ability to gauge temperature and therefore may be a contraindication to treatment. This might include, for instance, any condition or medication resulting in peripheral neuropathy.

5. Keeping a record of skin sensitivity tests

5.1 Members must keep detailed and up-to-date client records, signed by both parties, covering:

5.1.1 when the test took place and which products were tested;

5.1.2 that the client has confirmed they have no history of adverse skin reactions to topically applied products or equipment;

5.1.3 in the event of an adverse reaction, what symptoms the client experienced and a note not to carry out any further treatment using the same products.

Useful information

Web links

- For information about the difference between an allergy and sensitivity, visit Allergy UK’s website: [www.allergyuk.org/diagnosis–testing-of-allergy/diagnosis-and-testing](http://www.allergyuk.org/diagnosis–testing-of-allergy/diagnosis-and-testing)

Articles

The following article is available to members in the Reading Room ([www.fht.org.uk/readingroom](http://www.fht.org.uk/readingroom))

- Nut oils and clients with nut allergies – FHT expert adviser, Denise Tiran, discusses the use of nut oils when massaging a client who has a nut allergy.