

# Nailing Infection

Tool kit for raising awareness of the need to prevent spread of infection through nail bars

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# Chapter 1

## Nailing Infection

Raising awareness of the need to prevent spread of infection through nail bars

### Introduction – aims and objectives of the Initiative

#### Health Challenge Wales

1. The key themes of Health Challenge Wales have been selected because they are considered to be those issues that constitute a significant proportion of the ill health that could be avoided. The prevention of infection is one of the key themes. This intervention is designed to prevent the spread of client-to-client and client-to- technician infection in nail bars offering manicures and pedicures.
2. According to HABIA ( the Hair and Beauty Industry Association), the government- approved standards setting body for nail services there are 1,500 accredited nail salons in the UK, which number rises to 17,000 if freelance practitioners are included. There is however no requirement for those operating nail bars, or offering nail services to register with the local authority, so these numbers are likely to be an underestimate of the numbers of nail bars/technicians operating in the UK.
3. In addition to there being no licensing requirement for nail technicians there is also no requirement for any person offering nail services to be trained. HABIA recommends nationally recognised qualifications such as the NVQ Level 2 or 3 in nail services, or appropriate City & Guilds, BTEC, VTCT or ITEC qualifications, however there is no requirement for any one offering services as a nail to technician to hold any form of formal qualification or to have undergone and form of training.
4. Infections can spread in nail bars in a number of ways. Diseases of the nails and skin can pass from client to technician and vice versa from poor training and infective cleaning as well as through poor nail technique. They can also be spread by poor and unhygienic working conditions, where warmth and damp condition can allow the proliferation of bacteria. Viral infections, hepatitis B and warts can also be spread through the use of unsterilised equipment. Fungal infections such as Onychomycosis can be spread though contact with infected persons and though contact with towels etc used by infected persons. Fungal infections of the feet can be spread if water in foot spas is recycled, since water returning to the pipes of a foot spa cannot be sterilised.

5. It is hard to gather accurate data as to the number of clients and nail technicians who contract infections through nail bars. The infection is commonly low grade and those affected either self diagnose and treat, or present to their GP, where antibiotics, antifungal or antiviral preparations are prescribed. Research by Bristol City Council in 2006 however showed that conditions in one fifth of the nail bars in the city posed a significant risk to health as the result of poor hygiene and /or lack of proper training for staff<sup>1</sup>. The issue of infection from nail bars has been recognised in the US, where a salon client successfully sued for US \$150,000 after unwittingly contracting an infection in a nail bar.
6. False nails can also cause accidents and injuries. Birmingham City Hospital estimates that 6 women each week present with problems relating to nails, including the false nails being wrenched off, in the most serious cases cause the real nail to be ripped or torn off as well, and causing further incident damage to the nail bed.
7. Nail technicians are at elevated risk of infection since they deal with a number of clients in a day, and further have increased vulnerability to infection since constant hand washing and reactions to the chemicals used in nail bars and break down the skin's natural barriers. Further where technicians wear protective gloves the warm and moist environment inside the glove can cause infections to grow undetected and more quickly than where the hand is exposed to air.
8. This intervention seeks to raise awareness both with the public and with nail technicians of the need for good hygiene and sound hygiene practice in nail bars, and the consequences should good hygiene not be practised. In doing so it contributes to achieving one of the key themes of Health Challenge Wales, preventing the spread of infections.

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<sup>1</sup> 'Nailing the Hazards' Bove J-P and Conrad J EHP 31 March 2006 12-14

## Chapter 2

### Nailing Infection– Pre-considerations to running an Initiative

#### 1. Initial considerations

Initial considerations for this project have to be addressed, including;

- What is the target group?
- Will the outcome have the desired outcome?
- How can the target group be reached?
- Who are the key partners in the initiative?
- How will the initiative be evaluated?
- Will the initiative deliver value for money?

#### 2. Target Group

There are two target groups for this initiative being nail technicians, who are at risk of infection on a daily basis as they provide manicure and pedicure services, and those members of the public who avail themselves of manicures and pedicures.

It is relatively easy to identify the first target group, since they will either work from nail bars or from other premises where a manicure service is provided, such as hairdressers or department stores. They can therefore be approached at their place of work.

The second group, being members of the public who visit the first group, are harder to identify since this is a fluid group, which may have nothing in common other than their visiting the first group..

#### 3. Achieving the desired outcome

The desired outcome of this intervention is to raise awareness of the risk of the spread of infection through nail bars. It is therefore suggested that prior to beginning a profile raising exercise it will be necessary to ascertain what level of knowledge exists in respect of potential risk of infection and how this can be reduced.

As noted in Chapter 1 there is no reliable data regarding the number of infections contacted by either nail technicians or by those visiting nail bars. It is not therefore possible to carry out 'before' and 'after' comparisons of individuals presenting with infections that can be attributed to poor practice in nail bars.

#### 4. Reaching the Target Group

The first target group, being nail technicians and those operating nail bars is relatively easy to reach. Local authorities will be aware of nail bars and salons within their area, and should also be aware of premises where nail services are offered in addition to other services, such as

hairdressing. This group can therefore be targeted through the premises from which they operate.

The second group, being users of nail services are a harder group to contact since they have nothing in common each with the other, other than their use of nail bars and salons. They can however be targeted through a media campaign, using e.g. glossy magazines which are provided free in the area, such as Ladies First etc, and local newspapers. They can also be provided with leaflets given to them at the premises that they visit for nail services before they have their treatment, and after they have their treatment, containing general hygiene advice as well as after care advice.

## **5. Who are the key partners in the initiative?**

This initiative is run by the local authority environmental health department, through its Health and Safety Team. It need not include other partners, however those running the initiative may wish to include as partners local colleges where hair and beauty courses are run, or local groups of nail bars or hairdressers where such services are offered.

## **6. How will the initiative be evaluated?**

As noted in paragraph 3 above, this initiative seeks to raise awareness of the risk of infection from nail bars, both to nail technicians and to their clients. In both cases it will be necessary to determine what level of knowledge exists before the intervention and what changes have been made to the levels of knowledge after it.

This can be done by questionnaire or by face to face interviews with nail technicians and with customers. The exercise should then be repeated after the profile raising exercise to see whether levels of awareness are higher. It can be further repeated at a fixed time period after the profile raising exercise to see whether the levels of information have been maintained and the information retained. It is not possible to say whether those customers who are aware of the risk if infection will act on the information that they have, by e.g. by choosing not to use nail bars which do not appear to be as hygienic as others, or by demanding that equipment used is shown to be clean or practices are hygienic, but it is suggested that the fact that customers will be aware of the steps that should be taken to prevent infection and its spread may cause nail technicians and those operating nail bars to ensure that they practices are safe and hygienic.

## **7. Will the initiative deliver value for money?**

As noted the absence of any definitive figures for costs associated with treating infection to nail technicians or customers makes it very difficult to derive a figure spent annually on treating infections acquired from nail bars. It is however not disputed that costs do arise from such infections, although they may be borne by individuals concerned rather than by the NHS. Where technicians acquire infection it may, indeed should, affect their ability to work until the infection is satisfactorily cleared, which may have implication for the individuals.

This is a relatively cheap intervention to run. It requires only printed materials which can be generated by most local authorities in-house, and officer time to carry out the interviews or collate the responses to questionnaires. It is therefore suggested that even in the absence of definitive cost figures that it is value for money.

## Chapter 3

### **Nailing Infection– Raising awareness of the need to prevent spread of infection through nail bars**

#### **Running a Nailing Infection campaign**

##### The campaign

The running of a campaign to raise awareness of the risks of spread of infection to clients and technicians through nail bars.

##### **Preliminary steps**

The first step in this initiative is to identify those premises that offer nail services to clients. These may be nail salons, which offer only nail services, beauty salons where nail services are offered as part of a suite of services and other premises such as hairdressers or department stores where nail services are offered as an additional service to the main trade carried on. It is also suggested that those running the initiative should look at the small advertisements in papers circulating in the area for peripatetic nail technicians who may not have a permanent premises, but who should be caught as part of the initiative.

Identification of the premises will allow for identification of members of the second target group, being clients of the first target group. This group needs to be identified in order that they may be approached to complete the pre-initiative questionnaire. Some nail bars may have a list of clients that they may be willing to provide, however it may be necessary to visit the nail bars over a period of weeks to meet clients face to face and ask them to complete the questionnaire. Users of the nail bars may also be identified by putting an advertisement in the local paper asking them to contact the local authority to take part in the project, or and by e.g. making the same request to all council staff using the intranet etc.

Having identified both target groups those running the initiative should then obtain the base line data about the state of knowledge of both groups with regard to risks of infection and methods of reducing and preventing the same. The questionnaires used in the pilot projects in respect of nail technicians and nail bar clients are shown as [Appendix 1](#) and [Appendix 2](#) respectively.

It is suggested that those running the initiative may wish to determine what information in respect of pre-existing health conditions is required by nail bars prior to accepting clients and giving treatments. The fact that a salon may require such information will indicate that they have some knowledge of the potential for adverse health reactions and also some knowledge that pre existing conditions can be spread by the treatments, and that the absence of a requirement to provide such information is an indication to the contrary. Where the information is not required it is suggested that a suitable form could be provided for adaptation by the salon. The form provided in the pilot project is shown as [Appendix 3](#).

Having collated the pre-initiative data the project can be commenced from an agreed date.

Awareness of risk of infection amongst the first target group, nail technicians can be raised either by a seminar, to be carried out by the local authority and such other partners as may be considered appropriate, e.g. representatives from the Hair and Beauty Industry Association, which produces a Code of Practice for Nail Services, or representatives from the NPHS. Staff from local Further Education Establishments who lecture on Hair and Beauty courses may also wish to be involved. It could also be achieved by circulating information leaflets and providing web links, if it is considered that there are insufficient numbers of nail technicians to justify putting on a seminar or similar event.

Raising awareness of risk of infection amongst the second target group, being users of nail salons is more difficult, since this group are diverse and also unlikely to wish to attend a seminar or similar event. It is therefore suggested that this group should be targeted by placing articles in newspapers circulating in the area and through free magazines which are targeted at the group, such as 'Ladies First' a free advertising magazine, which promotes health, beauty and clothing stores as well as carrying articles relevant to the group. The information provided can be in the form of text for direct reproduction or in the form of a press release with the contact details of the officers running the project. Those running the project may also wish to consider providing leaflets to users of nail bars and salons outlining what they should be looking for when selecting a nail bar or salon. The draft text for such a leaflet is shown as [Appendix 4](#). The leaflets can be supplied to nail bars and salons within the project area, either for self selection by clients or to be given to clients by the nail bar staff. It is suggested that nail bars may wish to ensure that they meet the minimum standard as outlined on the leaflet shown as [Appendix 4](#) before handing out leaflets to clients, which is, in effect, self enforcement. Leaflets can also be left for self selection at premises likely to be used by members of the second target group, such as health and leisure clubs, hairdressers etc. The material contained in the leaflet can be 'dressed up' and further information added to it, such as links to relevant web sites, and could be put on the websites of the partners running the project, so that interested parties could access it via the web.

The project can be run for a fixed period before it is assessed, or can be run on an open ended basis.

If the project is to be assessed those running it will need to determine how long it should run before the assessment exercise is carried out. As noted in chapter 2 it is not easy to assess this project, as there is unlikely to be any data available regarding infections contracted through use of nail bars to either of the target groups. Assessment therefore has to be based on other criteria. One method of assessment is to use a second questionnaire, to determine whether members of the second target group are aware of the material that was used to promote hygienic nail salons, having read it or heard about it in the local media, and if so whether they have retained the information and have acted on it. A draft questionnaire for this purpose is shown as [Appendix 5](#). The number of leaflets taken from premises could also be used as a measure of success. It is accepted that this is not a sophisticated measure, since not all of those taking leaflets will be users of nail salons, however taking a leaflet may reflect a degree of interest in the topic and can therefore

be used as an indicator of interest. Where information has been put on the web sites of the partners to the project the number of hits on the material and/or the number of down loads can be used as a measure of success.

### **Further activity**

This intervention deals with the issue of preventing the spread of infection from client to client and from technician to client in nail bars. There is also a related issue, being the risk of accidents to those who have false nails incorrectly or inappropriately applied, from the false nail ripping or tearing from the finger and damaging the nail bed, and further hazards to nail technicians and to clients from the use of hazardous chemicals in the nail bars. These issues are not addressed in this initiative, but could be incorporated should those running the project wish to do so.

## Appendix 1

### Pre-initiative Questionnaire – Nail Technicians

1. What formal qualifications or training do you and your staff hold?
2. Do you engage in further training? If so what?
3. Do you require all clients to complete a Health Questionnaire before offering them treatment?
4. Do you require new clients to complete a Health Questionnaire before offering them treatment?
5. What procedure do you have for dealing with staff who have a finger or finger nail infection?
6. What procedure do you have for dealing with clients who present with a finger or finger nail infection?
7. Do you have procedures or protocols to prevent spread of infection within the salon?
8. Is it recorded?
9. Do you use separate sets of equipment for each client?
10. Do you sterilise equipment? If so how and how often?
11. Do you use fresh towels for each client?
12. Do you re-use equipment? If so, what equipment do you re-use and how do you treat it between uses?
13. Do you have a formal cleaning schedule of the nail bar/salon?
14. Do you have a procedure for dealing with clients who allege that they have contacted an infection in the salon?
15. Do you wear clean washable overclothing for use when attending clients?
16. Do you wear single use gloves for each client?
17. Do you provide aftercare advice?
18. What procedures do you have in place to if bleeding occurs to a client during treatment?
19. Do you keep records of all clients that have had treatment?

## Appendix 2

### Pre-initiative Questionnaire – Nail Bar Clients

1. Have you ever been asked to fill in a Health Questionnaire before being given a nail treatment?
2. Are you aware that pre-existing health conditions may be aggravated by the chemicals used in nail treatment?
3. Did you know that you may contact infections from unhygienic nail bars?
4. Do you consider cleanliness and hygiene in nail bars to be important?
5. Would you refuse to use/leave a nail bar or salon if you felt that it was not clean enough?
6. Would you raise issues of cleanliness or hygiene with a nail technician or nail bar owner?
7. To your knowledge have you ever contracted an infection from a nail bar?
8. If you contracted an infection after visiting a nail bar, would you report it to your Environmental Health department?
9. Have you ever encountered bleeding when a nail technician has used a drill during treatment? - If so how the bleeding was stopped?
10. After your treatment were you given any aftercare advice?
11. Have you ever had to visit a doctor after having treatment at a nail bar?

# Talontastic

## Pre-treatment health inquiries

Please answer the questions below as fully as possible. This is for your protection as well as ours.

Name.....

Address.....

1. Are you diabetic? Yes / No
  
2. Do you suffer from any skin allergies? Yes / No  
If yes, to what are you allergic?.....
  
3. Do you have a pre-existing skin condition? Yes/ No  
If yes, what skin condition?.....
  
4. Do you have a heart condition? Yes / No
  
5. Do you suffer from high blood pressure? Yes/ No
  
6. Do you suffer from low blood pressure? Yes / No
  
7. Are you asthmatic or do you have a chest complaint?

Clients are advised that we reserve the right to refuse to treat any client on the basis of the answers provided or failure to provide answers to the questions above.

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**For salon use**

Date of Treatment.....

Nature of Treatment.....

Technician .....

## Appendix 4

### What to look for before you book your next Manicure or Pedicure

1. Check that the Nail Technician is qualified – ask to see a certificate
2. Expect to be asked to fill in a health form to indicate any allergies you may have, whether you are diabetic or whether you are taking any medication that may make you susceptible to infection.
3. Expect to see liquid soap and disposable towels rather than bars of soap and fabric towels.
4. Expect to see fresh disposable towels at every nail station
5. Expect to see stainless steel or ceramic tools. Plastic can't be sterilised.
6. If plastic tools are used watch to see that they are thrown away after use.
7. Expect to see emery boards and nail buffers either discarded or sterilised after every use
8. If you are using a foot spa, expected to see it emptied out completely and disinfected between uses.
9. Expect to see all tools kept in a solution in a closed container for at least 30 minutes between uses.
10. Expect each technician to have at least 2 sets of tools, unless they have more than 30 minutes between each client ( the time it takes to achieve disinfection)
11. Expect to see paraffin wax used only once. Your hands or feet should be dipped in to a disposable container and the wax should be discarded afterwards.

## **Appendix 5**

### **Suggested questions for follow up questionnaire with nail bar users.**

1. How often do you use a nail bar/salon?
  
2. Have you ever suffered an infection that you attribute to using a nail bar/salon?
  
3. Have you seen the material issued by ..... regarding hygiene I nail bars and the possible risks of infection?
  
4. Where did you see the information?
  
5. Were you aware of the facts presented before seeing the information?
  
6. Did becoming aware of the facts presented cause you to change the way you think about the possible health risks form nail bars?
  
7. Did becoming aware of the facts presented cause you to change your behaviour in any way?
  
8. If so, how?
  
9. Do you consider that hygiene and cleanliness are important in a nail bar /salon?
  
10. Would you refuse to use/leave a nail bar or salon if you felt that it was not clean enough?
  
11. Would you raise issues of cleanliness or hygiene with a nail technical or nail bar owner?