



Common and Best Nail Practices Among Nail Care Providers

A Descriptive Study

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ABSTRACT

PURPOSE: The purpose of this project was to identify common and best practices for safe nail care among nail care providers.

DESIGN: Descriptive study using online survey.

SUBJECTS AND SETTING: The study was conducted by 2 credentialed foot and wound care nurses within a large Midwest healthcare system. Participants were nurses and physicians who provide nail care to patients and individuals in the hospital and community setting such as private homes and nursing homes and hospice agencies.

METHODS: Email invitations with a link to the survey were sent to eligible individuals and organizations in which wound care specialists were employed. Information about the survey was posted on the Certified Foot Care Specialty homepage, and on the Wound, Ostomy and Continence Nursing (WOCN) Members-only Forum and Facebook page.

RESULTS: An estimated 1000 surveys were sent of which 246 surveys were returned. Fifty-three percent (121/229) of respondents were certified through the WOCN Certification Board and 41% (93/229) were certified through the American Foot Care Nurse Association. Most respondents reported using some form of self-protection when filing (225/246, 91.5%), trimming (215/246; 87.4%), or using a rotary tool (204/246, 82.9%) on patients' nails. However, approximately one-fourth of respondents reported offering some type of protection for patients when filing (63/246, 25.6%), trimming (41/246, 16.7%), or using a rotary tool (64/246, 26.0%). Most of the nurses surveyed provided nail care in outpatient and foot care clinics, acute care settings, private homes, and nursing homes/hospice.

CONCLUSIONS: When providing nail care, the patient/client protections should closely mirror the personal protective equipment used by the nurse. Future research is needed to contribute to a national consensus guideline for best practices and protections at all levels of nail care in the acute care and community settings.

KEY WORDS: Acute care, Community, Foot care protocol, Personal protective equipment, Safe nail care, Standards of care.

BACKGROUND/SIGNIFICANCE

Experts have agreed that optimal patient care should include an overall foot assessment,¹⁻³ which may reveal nail conditions requiring intervention. This is especially true for patients who are at risk for infection or who may suffer consequences from nail trauma. Little evidence exists to help develop a guideline on safe nail care that also recommends protections for nurses and patients in the hospital setting. We reviewed research from outside of the United States (US) and primarily podiatric, which focused on the health risks associated with different types of nail care (eg, cutting and filing). The lack of literature specific for nurses who provide nail care suggests there is a need to explore best practices to protect both nurses and patients.

Recommendations for personal protection for nurses and patients must be considered when developing a policy for safe nail care in the acute care setting. We found no international or US studies addressing injuries or medical conditions among nurses resulting from nail care activities. The Australian National Occupational Health and Safety Commission has identified nail dust as a workplace hazard.⁴ However, there are no standard nail care recommendations in the US to avoid this hazard. Research from the United Kingdom (UK) has shown that exposure to nail dust among podiatrists is a potential hazard for inhalation and eye irritation.^{5,6} Current information from the UK suggests an association between the provider's exposure to nail dust and the development of asthma, conjunctivitis, or eczema.^{3,5} Some research has suggested that proper respiratory and eye protections are essential when performing nail care, to prevent nail particles from depositing in the nose, airways, and lung periphery.⁶ Avoiding the occupational risks related to nail care is important to consider when identifying best practices for safe nail care.

Research studies and published standards of practice for nursing-related nail care are limited. This is most likely due to the small number of nurses nationwide who provide this service. Many nurses in the US are unsure of state Nurse Practice Act regulations concerning their scope of practice for performing foot and nail assessment and related care. According

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to Malkin and Berridge,² nurses have become “de-skilled” in the area of toenail care.² Lack of confidence in the ability to perform nail care for patients with complex conditions (eg, artery disease and routine diabetes nail care) may lead nurses to defer to podiatrists, who are often not available.⁸ Research around the world suggests that healthcare systems fail to provide foot and nail care due to confusion and misconceptions regarding the delineation of nursing versus podiatric roles and responsibilities.⁸

Nurses sometimes relinquish simple toenail trimming, considering it a noncritical aspect of patient hygiene. This has resulted in incomplete patient assessment and lower patient satisfaction.² Some nurses may avoid basic nail care and foot hygiene due to fear of causing trauma. Other nurses admit to avoiding what they consider to be a menial task, in preference for more challenging patient care activities.^{2,8} Failure to provide foot and toenail assessment places patients at risk for pressure injury, nail trauma, and infection. Chronic nail conditions may place patients at risk for amputation, impaired activities of daily living, and increased length of hospital stay.^{2,8} Despite the confusion, performing nail assessments, providing nail care, and advocating a course of action are the nurse’s responsibility.⁸

In our healthcare system in the Midwest United States, nail care is provided to patients by 2 wound care nurses at one hospital within a large healthcare system. They receive an average of 5 nail care consults per week to perform foot and nail assessments, nail and associated wound care, and make referrals when appropriate. While it is important to have an evidence-based policy to guide safe nail care, no such policy exists for the 2 foot and wound care nurse investigators’ healthcare system. In response to this need, the purpose of our project was to identify common and best practices for safe nail care among providers to inform our healthcare system policy for nail care.

METHODS

This was descriptive study designed as a cross-sectional online survey posted on the SurveyMonkey platform conducted by 2 credentialed foot and wound care nurses within a large Midwest healthcare system. The study received approval from the system’s institutional review board (IRB) prior to implementation on January 8, 2020 (IRB approval number 19-164). The study was approved under exempt category 2. An information sheet was presented ahead of the survey explaining the purpose of the study, risks and benefits, and a statement of the voluntariness of participation. Submission of the survey served as implied consent. No identifiable information was collected as part of the survey; however, participants were given an opportunity to voluntarily provide contact information at the conclusion of the survey if they desired to share their current policies.

Participants eligible for the study were nurses and physicians who provide nail care to patients in our system or in community settings such as private homes, nursing homes, or hospice agencies. Email invitations with a link to the survey were sent to eligible individuals and organizations in which foot and wound care specialists were employed. Information about the survey was posted on the Certified Foot Care Specialty (CFCS) Web site homepage, and on the Wound, Ostomy and Continence Nursing (WOCN) Members-only Forum and Facebook page. We asked the CFCS President to forward

the email invitation to other hospitals and organizations that have wound care specialists. We attempted to contact podiatrists through the American Podiatric Medical Association and the Association for the Advancement of Wound Care, along with various podiatrists requesting that they forward the email invitation to their colleagues or place the invitation on their blog sites.

Many of the survey questions allowed respondents to mark all answers that applied to their specific situation. Frequencies and percentages were calculated for responses to quantitative questions. Written comments provided by participants regarding whether they were willing to share their policies and procedures were recorded.

RESULTS

A total of 246 surveys were collected. The response rate, based on an estimated 1000 eligible participants, was 24.6%. Fifty-three percent ($n = 121/229$) of respondents were certified through WOCN Certification Board and 41% ($n=93/229$) were certified through the American Foot Care Nurse Association (AFCNA). Fifty-two percent (127/243) of respondents hold a bachelor’s degree and 22% (53/243) have a master’s degree. Twenty-eight percent (67/243) of study participants provided nail care in a managed foot care clinic, 26% (62/243) in general outpatient clinics, 20% (49/243) in nursing homes or hospice. Only 16% (38/243) reported providing care in the acute care setting. The largest percentage of respondents (40%; 99/246) reported having 1 to 5 years of nail care experience. The majority of respondents were nurses; only 3 were podiatrists (Table 1).

Many respondents reported caring for multiple types of patients (Table 1). The majority provided care for people with vascular conditions (peripheral vascular disease, diabetes, and peripheral neuropathies), neurological impairments (stroke and dementia), visual impairments (blindness and diabetic retinopathy), and those at risk for nail care infections (immunocompromised patients). Almost half (121/245) reported providing nail care to those who were at risk for nail trauma. Nail care for healthy individuals was provided by 35% (86/245) of the responders, most of which occurred in the home setting.

Table 1 shows the types of care provided. Regarding tools used for nail care, 95% (232/245) of respondents cited clippers/nippers, followed by file (73%, 179/245) and rotary tool (73%, 178/245). When asked about specialized services they offer, a large majority of respondents reported providing callous removal, care for nail deformities such as ingrown toenails, reduction of dystrophic nails, and offloading pressure points, or care for vascular-compromised individuals including preventing injury by reducing nail irregularities. Approximately half of the responders reported applying dressings, padding, or assisting with proper shoe fitting. Less than half offered shoe care, and supportive or prosthetic devices.

Personal Protection Equipment

Most respondents reported using some form of self-protection when filing (225/246, 91.5%), trimming (215/246, 87.4%), or using a rotary tool (204/246, 82.9%) on patients’ nails. However, approximately one-fourth of respondents reported offering some type of protection for patients when filing (63/246, 25.6%), trimming/debriding (41/246, 16.7%), or using a rotary tool (64/246, 26.0%) on patients’ nails

TABLE 1.
Study Demographics

Demographic Questions	n (%)
Highest degree (n = 243)	
Bachelor's degree	127 (52.3)
Master's degree	53 (21.8)
Associate's degree	33 (13.6)
Doctorate degree	11 (4.5)
Technical/trade	7 (2.9)
Medical degree	4 (1.7)
Work environment (n = 243)	
Nurse-managed foot clinics	67 (27.6)
General outpatient clinic	62 (25.5)
Nursing home/hospice	49 (20.2)
Acute care	38 (15.6)
Nail salon	3 (1.2)
Experience (n = 246)	
<1 y	17 (6.9)
1-5 y	99 (40.2)
6-10 y	64 (26.0)
>10 y	66 (26.8)
Patient types (n = 245)	
Vascular conditions	206 (84.1)
Neurological impairment	172 (70.2)
Visual impairment	168 (68.6)
Nail infections	154 (62.9)
At risk for nail trauma	121 (49.4)
Healthy	86 (35.1)
Type of nail services (n = 246)	
Trim/clip/debride nails	239 (97.2)
Use of nail file	191 (77.6)
Use of rotary tool	178 (72.4)
Nail wound care	136 (55.3)
Pedicure/manicure	66 (26.8)
Nail care tools used (n = 245)	
Clippers/nippers	232 (94.7)
File	179 (73.1)
Rotary tool	178 (72.7)
Curette	162 (66.1)
Specialized services (n = 246)	
Callous removal	199 (80.9)
Care for nail deformities	181 (73.6)
Care for vascular compromise	175 (71.1)
Nail care for structural deformities	132 (53.7)
Customized nail care	86 (35.0)
None	30 (12.2)

(continues)

TABLE 1.
Study Demographics (Continued)

Demographic Questions	n (%)
Do you ever refer clients/patients to a specialist? (n = 246)	
Yes	235 (95.5)
No	11 (4.47)
Where do you refer clients/patients? (n = 234)	
Dermatology	93 (39.7)
Endocrinology	28 (12.0)
Infectious diseases	40 (17.1)
Orthopedics	70 (29.9)
Podiatry	219 (93.6)
Vascular specialist	108 (46.2)
Family physician	157 (67.1)
Nail care interventions (n = 232)	
Dressings	138 (59.5)
Padding	133 (57.3)
Proper shoe fitting	115 (49.6)
Shoe care	92 (39.7)
Supportive devices	78 (33.6)
Prosthetic devices	26 (11.2)
Nail care certifications (n = 229)	
Certified foot care nurse affiliated with the Wound Ostomy and Continence Nurses Society	121 (52.8)
Certified foot care specialist affiliated with the American Foot Care Nurses Association	93 (40.6)
Doctor of podiatric medicine	4 (1.8)

(Table 2). Of the 225 respondents who specified the type of self-protection used when filing, approximately 90% (n = 202) reported wearing gloves; 89% (n = 201) reported wearing eye protection such as glasses or goggles; whereas 67% (n = 151) reported wearing a surgical or special mask. Just less than one-third of the responders reported wearing a gown (n = 70). Among 215 respondents who wore protection when trimming nails, 94% (n = 202) and 90% (n = 193) acknowledged the use of eye protection and gloves, respectively. However, less than half of this group (n = 97) reported wearing masks and less than one-third (n = 62) donned a gown. Two hundred four respondents reported wearing personal protective equipment (PPE) when using a rotary tool, 96% (n = 195) wore eye protection, 86% (n = 176) wore gloves, and 80% (n = 164) wore a mask. Four responders commented that they wore scrubs and 10 mentioned wearing an apron for protection when using a rotary tool.

When asked about protection offered to patients, respondents reported offering some type of protection when filing (61/239, 25.5%), trimming (41/241, 17%), or using a rotary tool (56/220, 25.5%) (Table 2). Mask use for patients was similar (48%) for filing (30/63) and rotary tool (31/64), compared to 27% (11/41) for trimming. On the other hand, more participants reported offering patients eye protection when filing (25/63, 40%) and trimming (17/41, 42%) than with the rotary tool (11/64, 17%).

TABLE 2.
Survey Responses

Survey Questions/Reponses	n (%)
Types of self-protection worn during use of file (n = 225)	
Gloves	202 (89.8)
Glasses	164 (72.9)
Surgical or specialized mask	151 (67.1)
Gown	70 (31.1)
Goggles	37 (16.4)
Hair net	15 (6.7)
Types of self-protection worn during use of clippers/nippers (n = 215)	
Gloves	193 (89.8)
Glasses	164 (76.3)
Surgical or specialized mask	97 (45.1)
Gown	62 (28.8)
Goggles	38 (17.7)
Hair net	12 (5.6)
Types of self-protection worn during use of rotary tool (n = 204)	
Gloves	176 (86.3)
Surgical or special mask	164 (80.4)
Glasses	143 (70.1)
Goggles	52 (25.5)
Gown	76 (37.3)
Hair net	12 (5.88)
Types of patient protection offered during use of nail file (n = 63)	
Surgical or special mask	30 (47.6)
Gloves	23 (36.5)
Glasses	19 (30.2)
Goggles	6 (9.5)
Gown	10 (15.9)
Hair net	2 (3.2)
Types of patient protection offered during use of clippers/nippers (n = 41)	
Gloves	19 (46.3)
Glasses	12 (29.3)
Goggles	5 (12.2)
Surgical or special masks	11 (26.8)
Gown	6 (14.6)
Hair net	1 (2.4)
Types of patient protection offered during use of rotary tool (n = 64)	
Surgical or special masks	31 (48.4)
Glasses	8 (12.5)
Goggles	3 (4.7)
Gloves	6 (9.4)
Gown	4 (6.3)
Hair net	2 (3.1)

(continues)

TABLE 2.
Survey Responses (Continued)

Survey Questions/Reponses	n (%)
Cleaning nail care equipment (n = 241)	
Disinfect instruments between patients	154 (63.9)
Sterilize instruments at end of day	126 (52.3)
Use disposable supplies for every patient	74 (30.7)
Types of nail care policies and/or instrument sanitation/sterilization (n = 194)	
Nail care policies	140 (72.2)
Instrument sterilization policies	139 (71.7)
Sanitation policies	137 (70.6)
National recommendations incorporated into policies (n = 183)	
State Board of Nursing recommendations	121 (66.1)
Occupational and Safety Health Administration recommendations	84 (45.9)
State Board of Podiatry guidelines	30 (16.4)
State Board of Cosmetology	6 (3.3)
International Nail Technicians Association	2 (1.1)
The Nail Manufacturers Council	1 (0.6)

Care of Instruments

Respondents were queried on the types of equipment maintenance they perform after nail care. Out of 241 responses, 64% (n = 154) disinfected instruments between patients, 52% (n = 126) sterilized instruments at the end of the day, and 31% (n = 74) used disposable supplies for every patient (Table 2).

Practice by Established Policies

Out of 243 respondents, 81% (n = 198) reported having an organizational policy and procedure for nail care. Of those that incorporated national recommendations, 66% (n = 121) incorporated state board of nursing recommendations, 46% (n = 84) incorporated Occupational and Safety Health Administration recommendations, and 16% (n = 30) incorporated state board of podiatry guidelines (Table 2). At the conclusion of the survey, participants were asked if they would be willing to share their current nail care and instrument sanitation policies. Forty-eight percent (87/182) agreed to share their policies.

DISCUSSION

For our survey of 246 hospital and community nail care providers who responded to questions about common and best practices for safe nail care among nail care providers, we found that there was some consistency among respondents on certain practices such as the use of PPE for self-protection when providing nail care. However, the providers were less likely to offer protection to patients. This practice could lead to adverse conditions that could affect patient safety. Most of the nurses surveyed provided nail care in outpatient and foot care clinics, acute care settings, private homes, and nursing homes/hospice.

Studies published in the podiatric research suggest that airborne nail debris and dust from filing and rotary tools can enter the lungs, nose, and eyes, which supports the routine use of eye protection and masks.^{3,5,6} Due to the potential for eye injury from debris during nail care, the percentage of respondents who reported wearing eye protection was expected to be high.

Our study findings supported this, as personal eye protection reported during filing, trimming, and using a rotary tool was 89% (201/225), 94% (202/215), and 96% (195/204), respectively. The eye protection percentages reported here include both glasses and goggles. Many more respondents reported wearing glasses than goggles. We did not define the term glasses to mean safety glasses. It is possible that individuals who wear glasses for vision enhancement might have believed that their glasses provide adequate protection from flying debris. Surprisingly, many fewer respondents reported offering their patients eye protection when filing (25/63, 40%), trimming (17/41, 42%), or using a rotary tool (11/64, 17%).

Recommendations regarding appropriately sealed eyewear to protect the patient and provider from larger nail debris and airborne dust are warranted. Burrow and McLarnon³ cautioned that eyewear should conform to BS2092 and EN166, which includes the type and size of dust particles (eg, labeled D4 for dust or D5 for fine dust), and be able to withstand particle velocity. Such dust marking designations provide the specific level of safe eye protection necessary for the wearer. Goggles with dust marking labels of D4 and D5 are intended to protect eyes against dust by forming a protective seal around the eyes.⁹

Providers who file or use rotary tools to debride toenails are exposed to fine respirable particles of dust.³ In their study on occupational hazards in podiatry, Tinley and colleagues⁵ compared microbial pathogens in nasal swabs from podiatrists with a control group of occupational therapy students that had not been exposed to a large amount of human nail dust as part of their work. The researchers found a greater range of microbial pathogens in the nasal swabs among the podiatrists who file and use a rotary tool compared to the controls.⁵ The authors pointed out that although dematiaceous fungi, which are normally found on skin, hair, and nails, were not found in the moist environment of the nasal membranes, this suggests the nasal membranes and mucous-coated hairs are protective against these fungi. However, there were more types of molds/fungi and microbes present in the podiatric nasal swabs, which supports the need for adequate mask protection in the presence of nail dust.⁵

According to Burrow and McLarnon,³ the majority of the podiatrists' masks in their study did not filter the smaller particles. Ninety-nine percent of airborne dust particles were smaller than 5 μm , and 70% were smaller than 0.8 μm . Simple disposable face masks are likely not able to protect against these small airborne dust particles.

In the research conducted by Maschmeyer,¹⁰ inhalation of fungal spores attached to micro particles of dust was a principal route of invasive infections of filamentous fungi, which can have negative consequences for immunocompromised providers and patients. These findings support the judicious use of proper masks and other protective PPE.

In our survey, the use of mask protection was described as a surgical or special mask. No definition for these masks was given to the survey participants, such as level 1, 2, 3, or N95. The largest percentage of responders reported wearing masks when using a rotary tool (164/204, 80%) and filing (151/225, 67%). However, only 48% said they offered mask protection to their patients during the same 2 services (31/64 and 30/63, respectively).

As noted in the literature, surgical or simple disposable masks do not adequately filter small-sized particulates encountered with filing or grinding, which can deposit in the alveoli and bronchioles and lead to allergies and chest complaints.³

Recommended respiratory protections should be single-use, disposable respirators such as the N95, or the European FFP1 and FFP2.^{3,10} Burrow and McLarnon³ suggested that using a quality dust extraction system with a rotary tool greatly reduced exposure to fine nail dust and particles.

We were unable to find recommendations for mask protection for patients receiving nail care.⁷ Tinley and colleagues⁵ found that, despite changing masks after filing patients' nails, podiatrists still found nail dust particles in their nares. The authors suggested that this occurred due to the suspension of fine nail dust in the air for up to 30 minutes after filing. This would suggest that providers should continue wearing masks during and 30 minutes after filing. This suggestion further supports the recommendation that patients should also wear masks for protection. Further investigation and development of recommendations on mask provisions for patients is an important practice consideration for patient safety.

Hand contamination through direct contact with the patient's skin or airborne dust can result in adverse skin conditions. In their review of hand contamination studies, Burrow and McLarnon³ found that dermatophyte fungi were present in approximately 80% to 90% of all nail infections. Transfer of dust to eyes was attributed to hand contamination.³ In our survey, except for a small percentage who did not report wearing gloves, glove use for all procedures was common among study respondents.

While glove use is an expectation for clinicians during nail care, we found no research recommending gloves to be worn by patients. In this study, 37% (23/63) and 46% (19/41) of respondents reported offering patients gloves during filing and trimming, respectively. However, only 9% (6/64) said they offered gloves when using the rotary tool. While patients' risks were not assessed in this study, evidence suggests that patients with nail infections who are exposed to suspended airborne dust could be at increased risk.³

Overall, the respondents' personal use of gowns was relatively low, ranging from 31% to 37% among those who file, trim, and use a rotary tool for nails. Only 6% to 16% offered gowns to patients during nail care, with the lowest percentage being with the use of a rotary tool. Write-in responses included wearing aprons, which does not seem to be supported in the literature.

Respondents reported wearing hair nets less often than other protections during all types of nail care activities. However, airborne dust and debris contaminating the hair can be an issue for the clinician and the patient during rotary drill use. Due to the evidence of suspended airborne dust and debris,^{3,5,6,7} during advanced care with a rotary tool or when nails are cut and clipped, hair nets worn by clinicians and patients are justified.

A small number of respondents in this study reported providing nail care in the acute care setting. Other respondents provided care in the home, clinic, or nursing homes. Research has suggested that room air contamination by fungal-laden dust can be limited by measures of air control, such as high-efficiency particulate air (HEPA) filtration.¹⁰ However, HEPA filtration is not likely present in the work environments of those who offer in home nail care, nursing homes, and salons. This larger group of nail care providers, whose job is primarily nail care, may be at higher risk of exposure to airborne debris due to lack of PPE. This may lead to health issues similar to those seen among podiatrists. However, experts have suggested that refusing to drill or file patients' nails from fear of airborne particulates is

unethical.³ Future research to target nurses who provide clinical and home nail care may yield some interesting and helpful information to improve safety standards for this group.

Institutional Policy Development for Safe Nail Care

Two US organizations offer education with certificate of completion for foot and nail care. The American Foot Care Nurses Association (AFCNA) and the WOCN have developed standards of practice for foot care. National Certification may be obtained through the WOCN Certification Board upon completion of specific requirements.

At the time of this study, there was no clearly established national standard for appropriate PPE that affords the best protection for clinicians and hospital patients during nail care. Moreover, nursing guidelines specific for patient protection during nail care could not be found in the literature. It appears that this decision is left to the nurse's own preference. Additionally, no current US studies were found regarding nail care-related nursing or patient injuries or medical conditions. Podiatric studies in the UK listed flying debris and nail dust as potential inhalation and eye hazards.^{3,5,6}

Policies and protocols for instrument sanitation shared by study respondents were reviewed. Foot and nail care recommendations from the AFCNA and WOCN, along with Canadian position statements for reprocessing equipment and instruments and recommended standards for sterilization and disinfection from the Ranier Medical Education Web site, were also reviewed.¹¹

Malkin and Berridge² recommended cleaning (soap and water) and drying nail clippers after every use. They further recommended that nail files and emery boards be disposed of after a single use. The authors suggested that clippers contaminated with blood and body fluids be cleaned with a hypochlorite solution, while also acknowledging the importance of following local policies.² Following review of our study results and available organizational policies and recommendations, a safe nail care policy and protocol for instrument care, which recommends a more stringent sterilization procedure, was developed with the help of the hospital nurse epidemiologist.

The new policy includes a recommendation for appropriate eye protection, mask, gown, and hair net to give clinicians and patients optimal protection from airborne dust. We have recommended that nurses and patients should don the F1, F2, or N95-equivalent. Additional queries may provide information on whether a rotary tool with water sanding or dust collector-type sander is considered best practice. Given the lack of research regarding safe nail care in the clinical setting, we encourage subject matter experts to submit evidence-based recommendations to the literature.

This was the first effort to explore practices and begin a foundation for the development of PPE recommendations around safe nail care. This project served as a model for promoting evidence-based practice in the absence of established guidelines.

Study Limitations

Study limitations include a response rate of 24.6%, which can be typical for voluntary surveys. The survey was administered just before the COVID-19 pandemic. The same survey administered now may yield different results because of increased general PPE recommendations and awareness related to COVID-19. Although podiatric providers were invited to complete the survey, only a few responded ($n = 3$). Due to privacy policies of Kansas and Missouri cosmetology organizations, a large network of manicurists was unavailable for the survey.

CONCLUSIONS

Study respondents reported using more self-protection than what they offered to patients. When providing nail care, patient/client protections should closely mirror the PPE used by the nurse. Proper PPE is especially important for activities that create nail dust. Future research is needed to contribute to a national consensus guideline for best practices and protections at all levels of nail care in the acute care setting. Standardizing policies and training nurses to recognize at what level they may safely and ethically provide nail care would improve basic nursing assessment and ensure comprehensive patient-centered care.

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