

Artificial Nails Policy

SCOPE:

- A. This policy applies to Fountain Valley Regional Hospital and Medical Center.

PURPOSE:

- A. The purpose of this policy is to define when artificial nails and/or nail polish may be worn by healthcare providers and workers at Hospital.

DEFINITIONS:

- A. "**Artificial nails**" mean any material applied or added to natural nails to augment or enhance (strengthen and lengthen) the wearer's own fingernails, including wraps, acrylics, extenders, overlays, gels, tips, and any item that is glued or pierced through the nail.
- B. "**Natural nails**" mean nails without artificial covering other than fresh nail polish.
- C. "**Nail polish**" means nail polish that is not obviously chipped or worn.
- D. "**Healthcare providers and workers**" mean all paid and unpaid persons working in healthcare settings who have the potential for exposure to infectious materials, including contaminated medical supplies. Healthcare providers might include, but are not limited to: physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, pharmacy personnel, laboratory personnel, autopsy personnel, students and trainees, contractual staff and persons, i.e., clerical, dietary, housekeeping, maintenance and volunteers not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from the healthcare provider.

POLICY:

A. The Hospital is committed to the prevention of healthcare-acquired infections. There is mounting evidence concerning artificial nails' role in the transmission of infection. Data show that wearers of artificial nails are unable to adequately wash their hands and remove transient flora compared to those without such nails. There is a tendency to harbor *Pseudomonas* and yeast beneath nails and on fingertips even after hand washing. Therefore, the Hospital prohibits the wearing of artificial nails/nail jewelry for all healthcare providers and workers, as defined above, who may touch a patient or items a patient may use or touch.

PROCEDURE:

A. Nail Hygiene

It is the responsibility of all direct patient care providers to maintain short (less than 6 mm or a ¼ inch long) to medium-length fingernails (no longer than 3mm or the size of a cotton tip swab).

Nail polish, if worn, must be of a clear and light color and free of cracks or chips. Dark colors may obscure the space underneath the tip of the nail, reducing the likelihood of careful cleaning. Chipped nail polish is not permissible.

1. Nail jewelry is not allowed.
2. Hand washing policy should be followed diligently and should include use of waterless hand sanitizers. (See Hand Hygiene Policy.)

B. Auditing and Monitoring

The Hospital shall audit adherence to this policy through the monitoring process established as part of Hand Hygiene Policy. The Hospital shall report the performance indicator results to its Infection Control Committee and other Hospital committees as appropriate.

C. Responsible Person

The Hospital's Department Managers and Infection Preventionist are responsible for implementing this policy. If they are unable to create adherence to this policy, they shall immediately report the non-adherence to this policy to the Human Resources Director and their designated A-Team member(s).

D. Enforcement

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply is reported monthly to department Director; physician non-compliance is reported to Medical Staff office. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

REFERENCES:

- A. Hand Hygiene Policy
- B. AORN, 2021 Standards, Recommended Practices, and Guidelines
- C. APIC and the Healthcare Infection Control Practices Advisory Committee (HICPAC) statement, published in February 2006
- D. Guideline for Hand Hygiene in Health-Care Settings Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR Recommendations and Reports October 25, 2002 / 51(RR16);1-44 <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm>

I, _____ have reviewed the contents of the Artificial Nails Policy and understand it is my responsibility to adhere to the requirements. If I do not comprehend, it is my responsibility to immediately acquire understanding or clarification from my department resource.

Signature _____ Date _____