



ASPAN

American Society of PeriAnesthesia Nurses

Clinical Practice: Frequently Asked Question

Q: Can PACU nurses wear nail polish, just not fake nails?

A: The issue of nail aesthetics is actually a question concerning infection control. The number one intervention that perianesthesia nurses contribute to the fight against infection is good hand hygiene. The ASPAN 2019-2020 *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* do not address nail polish or artificial nails specifically.¹

Background

Florence Nightingale was the first nurse scientist to stress the importance of cleanliness of caregiver hands directly contributing to the recovery of the patient. The Joint Commission (TJC) has made hand hygiene a top priority for infection prevention in the national patient safety goals since 2015.² The Centers for Disease Control and Prevention (CDC) offer instruction on the importance of handwashing, cleansing agents to use, for how long, including substitution with an alcohol-based antimicrobial gel agent when no obvious debris is noted.³ The World Health Organization (WHO) addresses the need for covering all the surfaces of the hands and fingers, duration of cleansing with soap and water, as well as the use of a hand rub alcohol based antimicrobial solution.⁴

Present

There are numerous patients presenting to the perianesthesia care area with acrylic overlay fingernails, fingernails with designs or beads, dark nail polish, to name a few. Some of these trends have carried over to clinical staff. ASPAN does not have a position regarding the wearing of nail polish or artificial fingernails but supports best practice. The CDC, the governmental agency most concerned with the detection and prevention of infection, has taken a stance regarding artificial fingernails. The CDC does not disparage the wearing of nail polish, however states, “germs can live under artificial fingernails both before and after using an alcohol-based hand sanitizer and handwashing. It is recommended that healthcare providers do not wear artificial fingernails or extensions when having direct contact with patients at high risk (e.g., those in intensive-care units or operating rooms).”³ They further recommend that nails be kept short (<1/4” long) and question the wearing of rings noting that there were more germs on the skin under rings than on the same area of skin on a finger that had no rings. The challenge arises in cleansing and drying in and around rings.

The WHO studied the growth of bacteria on the hands of healthcare workers that wore nail polish and found that those with freshly applied, or unchipped nail polish, did not show an increased growth of bacteria in the periungual area of the hand.⁴ Nail polish that is chipped can harbor escalating amounts of bacteria in spite of vigorous hand hygiene. “A growing body of evidence suggests that wearing artificial nails may contribute to the transmission of certain health care-associated pathogens.”⁴ The application of nail art, such as designs, stones, piercings, or sculptures, all add a layer for bacteria to grow and for hand hygiene to be ineffective. The WHO stated in this 2009 guideline that “each health-care facility should develop policies on the wearing of jewelry, artificial fingernails or nail polish by HCWs. These policies should take into account the risks of transmission of infection to patients and HCWs, rather than cultural preferences.”⁴

Hand hygiene has a two-fold purpose: to prevent the spread of infection to the vulnerable patient and to decrease the risk of infection, or colonization, of the health care worker from exposure to pathogens. Overall, when providing direct patient care, nails should be kept natural and short as the safest way to prevent infection transmission however, if polish is worn, it should not be chipped. In July of 2016, the Association of periOperative Registered Nurses (AORN) published a response to frequently asked questions specifically regarding the use of gel or shellac nail polish in the setting of the operating room. In this statement they state “whether UV-cured [gel, shellac] nail polish carried the same risk of harboring pathogens or transmission of infection to patients as artificial nails is unknown” and “a conservative

approach recommended by SHEA/IDSA [The Society for Healthcare Epidemiology of America/Infectious Diseases Society of America] is for the health care organization to consider UV-cured nails as artificial and to not allow health care personnel to wear this type of polish in high-risk areas, such as the operating room (OR).”⁵

References:

1. American Society of PeriAnesthesia Nurses. *2019-2020 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ; ASPAN: 2018.
2. The Joint Commission. 2019. 2019 Hospital National Patient Safety Goals. https://www.jointcommission.org/assets/1/6/2019_HAP_NPSGs_final2.pdf. Accessed September 9, 2019.
3. Centers for Disease Control and Prevention. 2016. Hand Hygiene Guideline. <https://www.cdc.gov/handhygiene/providers/guideline.html>. Accessed September 9, 2019.
4. World Health Organization. 2009. WHO Guidelines on Hand Hygiene in Health Care. https://apps.who.int/iris/bitstream/handle/10665/44102/9789241597906_eng.pdf;jsessionid=7A662D9794C97016C079E4D1AD54A9B9?sequence=1. Accessed September 9, 2019.
5. Association of periOperative Registered Nurses. 2016. <https://www.aorn.org/guidelines/clinical-resources/clinical-faqs/hand-antiseptis-hygiene#gelshellac>. Accessed September 9, 2019.

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