



*Briefing Report:*

**Health and Safety in UK Nail Salons**

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**Introduction**

The beauty and cosmetics industry contributed £27.2 billion to the UK economy in 2018 (1). Between 2017 and 2018 an additional 166 nail salons opened on UK high streets (1). Across the UK, an estimated 1,000 - 1,500 people are employed as nail technicians, but the actual figure is likely to be much higher owing to a large number of seasonal workers, crossover work with other beauty services such as waxing and hairdressing, and a large number of undocumented workers (1, 2). An estimated 89.3% of employees are women, the majority of whom are reproductive age (2). To the author's knowledge, there is no data relating to the number of nail salons in Southwark, or the number of local people employed in the industry.

There are growing concerns about the health and safety of nail salon employees and their clients; and unfortunately there is a marked lack of data relating to health and safety concerns in UK nail salons. The data that does exist tends to focus on musculoskeletal disorders and chemical exposures (3-5). Concerns relating to people trafficking, exposure to noxious chemicals, musculoskeletal disorders and transmission of infectious disease mean that there is an increasing need to consider how the industry can be better regulated (3, 6). There is more data available from the US nail industry, which highlights similar concerns including poor workers' rights and concerns about people trafficking within the industry (7-9). Regulation and licencing of nail bars in the UK is largely voluntary, meaning there are few incentives to improve health and safety standards and workers' rights within the industry (6).

This briefing paper will provide a broad overview of the issues relating to health and safety in UK nail salons as well as suggestions for improved data collection and regulation.

### **Workers' Rights and People Trafficking**

Within the UK, there are an estimated 13,000 modern slaves working in a number of industries but the exact number is unknown (10, 11). To the author's knowledge, there is no specific data relating to the number of people working in UK nail salons who have been trafficked or may be at risk of trafficking. However, there a large number of anecdotal reports citing this as a major issue across the country (6, 12, 13). There are also reports of nail salons being used as a cover for prostitution or drug dealing, as well as employing children from various countries including Vietnam and China (6, 10). Owing to high rates of illegal workers and seasonal workers within the industry, there are few rights for workers. A US study highlighted issues relating to poor engagement with and access to the healthcare system amongst immigrant nail workers in the US (8). Within the UK, it is thought that many employees are working illegally, without contracts and getting paid in cash (13). As a result, they are not protected by a union or offered paid annual or sick leave. There is an urgent need for better data relating to these practices in salons across the UK, and a need for interdisciplinary working to tackle these issues.

### **Musculoskeletal Disorders**

Musculoskeletal (MSK) disorders are responsible for a loss of an average of 13.8 days of work per person in UK, making it the second largest cause of work-related ill health after mental illness (14). A report published by the UK Health and Safety Executive in 2008 highlighted issues relating to MSK disorders amongst nail salon workers (3). 71 nail technicians from across the UK were interviewed about their health at work, and this was compared with a group of 64 office-based controls. There is a large burden of musculoskeletal disorders in this group, with 38% (27 out of 71) of nail salon workers reporting shoulder problems compared to 3% (2 out of 64) of office workers. In addition, 21% (15 out of 71) of nail salon workers reported

lower back problems, compared with 6.3% (4 out of 64) of office workers. There is a need for further research to explore rates of MSK disorders amongst these workers, and potential workplace interventions to prevent injuries.

### **Chemical Exposures and Dermatological and Respiratory Illness**

The nail industry uses a number of chemicals which can cause diseases of the skin and respiratory systems. One of the most dangerous is ethyl methacrylate (EMA), a compound used in artificial nail extensions (15). A similar compound, methyl methacrylate (MMA), has been banned in the US since 1974 and is linked to a number of illnesses including asthma, allergies, contact dermatitis and conjunctivitis (4). Although not banned in the UK, salons should be using EMA instead of MMA. The Health and Safety Executive's study, which was published in 2008 and referenced above, found that just 5.6% of the salons (4 out of 71) were using MMA (3). All technicians interviewed said they used personal protective equipment (PPE) when using products containing EMA or MMA; this included gloves, masks and natural ventilation, but the precautions taken were not standardised or adequate in all settings. 21% (15 out of 71) of nail technicians reported work-related nasal symptoms compared to 3.1% (2 out of 64) of office workers. 10% (7 out of 71) reported a work-related cough compared to 2% (1 out of 64) of office workers, and 11% (8 out of 70) reported work-related chest tightness compared to 2% (1 out of 63) of office workers. In addition, 7% (5 out of 71) reported work-related eczema compared to 0% (0 out of 64) of office workers. More research is needed to understand the scale of MMA and EMA use in nail salons across the UK, as well as better understanding of health conditions caused by working with commonly used chemicals. There is a need for better regulation of ventilation procedures, PPE and healthcare for these workers who may be at increased risk of a number of illnesses as a result of their occupation.

### **Transmission of Infectious Diseases**

There are a number of potential avenues for transmission of infectious disease in the nail salon environment. These include transmission of nail and skin infections, and blood-borne infections. The Health and Safety Executive's study, which was published in 2008 and referenced above, demonstrated that 70% (49 out of 70) of

the nail salon workers interviewed had encountered a client with a nail infection (3). 78% (38 out of 49) reported that they would not treat a client if they had a nail infection on their natural nails, and 57% (28 out of 49) said they would suggest the client visited their GP for treatment. Just 24% (17 out of 71) of technicians said they would refuse to treat a client if they had a wart. 17% (12 out of 71) said they would work around the area. When dealing with clients with cuts or sores, the common response was for technicians to avoid the area (47%, 33 out of 71). 47% (33 out of 71) said they would cover the area with a dressing.

If a technician had caused a patient to bleed as a result of treatment, 86% (61 out of 71) said they would stop the bleed with pressure, clean and then cover it. Only 66% (47 out of 71) said they would then sterilise or disinfect the tool they had been using. Technicians commonly used the word 'sterilise' to mean disinfect or sanitise with a substance such as alcohol. 80% of all technicians cleaned tools with alcohol fluid or spray only. Amongst all technicians there was poor understanding of the meaning of the word 'sterilise' and most salons did not possess sterilisation equipment (such as bench-top steriliser or autoclave). It should be noted that in this study, bleeding was a rare event with less than a tenth of the study population reporting this as ever having happened. Nonetheless, there is a risk of transmission of blood-borne viruses in these settings including HIV and hepatitis B and C. Various cases have been reported across the world, including in the UK (3, 16, 17). In 2018, the Middlesex-London Health Unit asked customers using a nail bar in a shopping centre to consider getting tested for Hepatitis B, C and HIV after a client had tested positive for a blood borne infection (18). There is also growing concern about transmission of skin infections including *Staphylococcus aureus*, particularly to immunocompromised individuals such as young children and those on chemotherapy who may be particularly susceptible to infection (19). In light of these concerns, and case reports of transmission of infection, local authorities and the UK government must take action to mitigate risks of transmission of infections in the nail industry.

## **Recommendations**

- Initiation of a study to assess the scale of health and safety concerns present in nail salons within the London Borough of Southwark.

- Contact other boroughs and national bodies to glean any unpublished data that would help to gain a better understanding of the scale of the problem on a local and national level.
- Working together with colleagues in licencing, environmental health, healthcare, national government, non-governmental organisation and occupational health, public health teams should consider the practical implications of these concerns. This includes official licencing and better training, inspections and workers' rights across nail salons in the borough. Any models for change should be widely shared with colleagues in other boroughs.
- Suggestions for potential licencing standards include health and safety equipment assessments; regulation of PPE, sterilisation techniques, products used, first aid techniques and workers' rights / immigration status standards.

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