

finger nails in healthcare workers involved in sterile procedures and their potential for HAIs. The nail polish industry has advanced in the last few decades, and the quality and smoothness of these products may not reduce the effectiveness of hand hygiene or increase the risk of HAIs.

**Acknowledgments.** None.

**Financial support.** No funding.

**Competing interests.** The authors have no conflict of interest.

**Disclosures.** The authors have nothing to disclose.

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# Letter in reply to: Nail polish used by healthcare personnel does not increase the rate of healthcare-associated infections

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We thank Augustin and Augustin<sup>1</sup> for their thoughtful response to the updated SHEA/IDSA/APIC Strategies to Prevent Healthcare-Associated Infections through Hand Hygiene.<sup>2</sup> In these updated recommendations, promotion of healthy hand skin and fingernails is considered the first essential practice. As you noted, there is a large body of evidence indicating the need to include fingernail care in hand hygiene policies. The high quality of evidence designation in the table you highlighted is intended to apply only to the inclusion of nailcare in facility-specific policies; the individual sub-bullets are provided as reasonable recommendations for Infection Prevention (IP) programs to consider when creating policies. We agree that evidence regarding the association between nail polish and healthcare-associated infection is not robust, and there is a theoretical concern for reducing the effectiveness of hand hygiene (eg, difficulty cleaning nail beds). In light of this, we therefore recommend that IP programs play a role in developing practical policies that consider patient and procedure risks relative to nail polish. The recommendation against use of nail polish is made only for scrubbed surgical personnel and aligns with domestic and

international guidelines (United States Association of Perioperative Nurses, World Health Organization, and National Institute for Health and Care Excellence) which include removal of fingernail polish as a step in surgical hand antisepsis. We do not differentiate between various types of nail polish (eg, standard, gel shellac, ultraviolet) as it is not feasible for those charged with assessing adherence to determine which methods of nail polish application were used. As noted by Cochrane reviewers, randomized control trials linking nail polish or jewelry to surgical site infections are not likely to be done as it may not be possible to ethically conduct such studies.<sup>3</sup> IP programs conduct annual risk assessments and depending on their facility-specific risks and prevention priorities may choose to allow nail polish.

**Financial support.** We received no specific funding for this work.

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The authors report no potential conflicts of interest. The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention (CDC). This activity was reviewed by CDC and was conducted consistent with applicable federal law and CDC policy (see eg, 45 C.F.R. part 46.102(l)(2), 21 C.F.R. part 56; 42 U.S.C. §241(d); 5 U.S.C. §552a; 44 U.S.C. §3501 et seq.).

**Cite this article:** Glowicz JB, Landon E, Ellingson KD. Letter in reply to: Nail polish used by healthcare personnel does not increase the rate of healthcare-associated infections. *Infect Control Hosp Epidemiol* 2024. 45: 1022, doi: [10.1017/ice.2024.32](https://doi.org/10.1017/ice.2024.32)

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