

Occupational asthma, respiratory issues and dermatitis in hairdressers and nail bars

A London Boroughs' initiative

Prepared by the **Health and Safety Laboratory**
for the Health and Safety Executive 2008

Occupational asthma, respiratory issues and dermatitis in hairdressers and nail bars

A London Boroughs' initiative

Jo Harris-Roberts (née Elms),
Jo Bowen, Jacqui Foxlow, Jade Sumner
Health and Safety Laboratory
Harpur Hill
Buxton SK17 9JN

Background: Workers in hairdressers, beauty salons and nail bars are at potential risk of developing skin and respiratory ill health conditions if good working practices and effective exposure control methods are not applied.

Objectives: This inspection initiative in London focussed on HSE's priorities for preventing dermatitis and asthma caused or made worse by work.

Methods: Between October 2006 and April 2007, Local Authority Environmental Health Practitioners inspected 205 hairdressing and nail salons and returned the inspection checklists to HSL for analysis.

Main Findings:

- Inspectors believed the health risks associated with the use of hair and nail products were generally understood by senior staff. Employees had been made aware of these risks and took suitable precautions to protect themselves.
- Approximately two fifths of the salons understood COSHH assessments, kept a list of products that they used and recorded which of these products were potentially hazardous to health.
- Protective gloves were used widely but only half of the salons provided instructions or guidance on how to remove gloves correctly. Over three quarters of the gloves that were provided for staff were latex. It is not known if these were low protein, powder-free.
- Ventilated/downdraught tables were not widely used. Dust masks are not a recommended control method, yet employees in half of the nail bars that were inspected used them.

Recommendations and further scientific and technical support activities

- Further support activity should be to undertake re-visits, to ascertain whether the correct controls have since been put in place as a result of this inspection initiative and other awareness raising initiatives. In particular these activities could focus on glove use and the use of effective controls for dust, odour and fumes.
- Further initiatives should be directed at this industry to improve knowledge and implementation of COSHH and to ensure risk assessment and application of controls is carried out more systematically.
- Following from these recommendations, there is a proposal for coordinated further interventions in this industry in London in 2008-2009.

This report and the work it describes were funded by the Health and Safety Executive (HSE). Its contents, including any opinions and/or conclusions expressed, are those of the authors alone and do not necessarily reflect HSE policy.

© Crown copyright 2008

First published 2008

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means (electronic, mechanical, photocopying, recording or otherwise) without the prior written permission of the copyright owner.

Applications for reproduction should be made in writing to:
Licensing Division, Her Majesty's Stationery Office,
St Clements House, 2-16 Colegate, Norwich NR3 1BQ
or by e-mail to hmsolicensing@cabinet-office.x.gsi.gov.uk

ACKNOWLEDGEMENTS

The study team would like to thank the London Occupational Health in Hair and Beauty Working Group who requested this work: Richard Saunders, Janet Francis, Tony Macklin, Kate Alexander-Newton, John Carlton, Catherine Boyle, Helen Smith, Emma Turner, Jeremy Owen, Laurence Kamm and latterly Wendy Nixon for their help and support in designing the checklist and organising the workshop.

The team would also like to thank Marian Newman, Samuel Sweet and Andrew Bradley for their help with the workshop and Colette Nimbley, Diane Llewellyn, Karen Parkinson, Nigel Black and Gareth Evans, for their help with designing the checklist.

CONTENTS

1	INTRODUCTION	1
1.1	Background	1
1.2	Aims and Objectives.....	1
2	METHODS	2
2.1	Inspection of Hairdressing and Nail bar premises	2
2.2	Statistical analysis	2
3	RESULTS	3
3.1	Salon Inspections and Checklist returns.....	3
3.2	General Requirements: Control of Substances Hazardous to Health (COSHH).....	3
3.3	Health and Safety Training	5
3.4	General skin care and glove use	7
3.5	Use of hair-dye products containing para-phenylenediamine (PPD) in hairdressers	9
3.6	Use of products and tools in salons providing nail services.....	9
3.7	General risk control indicators	9
4	DISCUSSION	14
4.1	General information	14
4.2	General requirements: COSHH	14
4.3	General skin care and glove use	15
4.4	Use of products and tools in salons providing nail services.....	15
4.5	General risk control indicators	16
5	RECOMMENDATIONS	17
5.1	Recommendations for further scientific and technical support activities.....	17
6	REFERENCES	18
7	APPENDICES	19
	Appendix 1: GENERAL HEALTH & SAFETY MANAGEMENT checklist.....	19
7.1	Appendix 2: Inspection checklist of dermatitis & asthma / respiratory issues in hairdressers and.....	21
	Nail bars and beauty establishments	21

EXECUTIVE SUMMARY

Background

Local Authority Environmental Health Practitioners (EHPs) undertook a comprehensive on-site inspection of hairdressing and nail salons in the London Boroughs, which included an initial walk through survey to gain an appreciation of the products being used, the treatments provided, the premises, the staffing, the likely health and safety risks and the control measures in place. The Local Authority EHPs also undertook an assessment of knowledge of appropriate regulations, control of exposure to hazardous substances and glove use, which are reported in this study. The inspection initiative was conducted in support of the Fit3 Work plan for London 2006-7 and was co-ordinated by the Occupational Health in Hair and Beauty London Working Group assisted by HSL and the HSE London Partnership Team. This study was coordinated by HSL.

Objectives

The objective of this study is to gain an understanding of the knowledge of appropriate regulations, control of exposure to hazardous substances and management of potential respiratory and skin health issues in hairdressing and nail salons.

Main Findings

Hairdressing and nail salons

- In total 205 checklists from 380 inspections of hairdressing and nail salons pledged by Local Authority EHPS between October 2006 and April 2007 were sent to HSL for analysis.
- From the inspector's perspective, only roughly two fifths of the salons sampled understood COSHH assessments and could provide evidence of assessments they had completed. A similar percentage kept a list of products that they used and recorded which of these were potentially hazardous to health. However, even though this information wasn't generally recorded, the inspectors believed that most of the senior staff in the hairdressing and nail salons understood about the main risks to employee health associated with the use of these products. Furthermore, employees had been trained and made aware of the health hazards associated with carrying out their work and took suitable and sufficient precautions to protect themselves and their clients.
- Salons generally stored and mixed beauty products appropriately (83.0%) and disposed of used and un-used products/chemicals in an appropriate fashion (84.8%).
- HSE launched a 'Bad hand day?' campaign in November 2006 (www.bandhandday.hse.gov.uk), which aimed to help raise awareness of and prevent dermatitis in hairdressers. This campaign provided useful guidance and instructions on how to prevent dermatitis by the correct use of gloves, washing, drying and moisturising the hands and by encouraging staff to check their hands for early signs of dermatitis. Most of the salons inspected provided hot and cold running water facilities, hand-cleaning products, good quality soft clean towels and skin creams for employees.
- COSHH essentials (SR13 Nail bars and SR11 Hairdressing) and recent Habia dermatitis and glove use guidance advises that protective gloves are provided for certain nail services and hairdressing activities. Over four fifths of salons provided gloves for all work involving products/chemicals or wet work and of these, nearly all were reported to provide gloves on a single use basis.

- In three quarters of the salons providing gloves the inspectors saw evidence that the gloves were actually used. However, only roughly half of the salons provided instructions or guidance on how to put on and remove gloves without contaminating the hands,
- HSE's 'Bad hand day?' campaign (November 2006) recommended the use of "non-latex gloves". Between October 2006 to April 2007 this survey found that over three quarters of the salons who provided gloves, provided latex gloves for their staff, although it is not known if these were low protein, powder-free.

Nail salons

- In the inspector's opinion, roughly two thirds of the salons inspected used single use sterile instruments whenever possible. However, if non-disposable equipment was used, over four fifths of salons effectively cleaned, disinfected and/or sterilised equipment in between clients.
- A good standard of ventilation is recommended (SR13) and an extractor hood or downdraught table is suggested. However, in this study only roughly a tenth of salons used ventilated tables. Dust masks are not acceptable as a control (according to the COSHH Essentials SR13 guide on nail bars), yet in approximately a half of the salons inspected, employees wore a disposable dust mask when carrying out nail services.

General risk control indicators

- According to the inspectors' judgement, just over a third of the salons inspected either had full or broad compliance in their management systems, which will have covered adequate COSHH assessment, provision of information, staff training and management commitment. This lack of compliance in management systems may have contributed to the fact that only just over half of the salons had full or broad compliance in their strategy to control exposure and the management of risk.
- Only about a quarter of salons had full or broad compliance with health surveillance requirements.
- Most of the salons inspected had a well-lit, well-ventilated tidy and clean working environment.

Recommendations for further scientific and technical support activities

- During this initiative (October 2006 to April 2007), it was observed that over four fifths of the salons inspected provided gloves. However, only roughly half of the salons who provided gloves, provided instructions or guidance on how to put on and remove gloves without contaminating the hands. This finding demonstrates that the messages about using non-latex gloves featured in the 'Bad Hand Day?' campaign and associated guidance (e.g. Habia dermatitis guidance for hairdressers (2007)) are important and need to be promulgated within the sector. Further support activity could be to undertake re-visits, to check whether the correct controls have since been put in place as a result of this inspection initiative and other awareness raising initiatives.

- HSE’s ‘Bad hand day?’ campaign (November 2006) recommended the use of “Single use, all-round smooth, powder free, non-latex gloves”¹ and the COSHH Essentials SR11 for Hairdressing recommended “powder-free vinyl gloves”. The London Borough’s inspection initiative (October 2006 to April 2007) found that over three quarters of the salons who provided gloves, provided latex gloves for their staff. This study did not ascertain if the latex gloves in use were powdered, low protein or powder-free but this highlights the need for the right messages about glove choice to be further disseminated to hairdressers, beauty salon and nail bar workers in future awareness raising campaigns and guidance. The Habia guidance booklet was made available to hairdressers via their local authority inspection team and is available for free download from the Habia website. Re-visiting of some salons as part of further support activities could ascertain whether the correct types of gloves had since been put in place, as a result of this and other awareness-raising initiatives.
- Although dust masks are not acceptable as a control (according to the COSHH Essentials SR13 for Nail Bars), they were used in approximately half of the nail salons inspected. This suggests further awareness raising activity would be required to improve staff’s knowledge of the controls recommended for dust, odour and fumes in the COSHH Essentials SR13.
- The results of this study suggest that senior staff within the hairdressing and nail salon industry do have some knowledge of the risks to health in their industry and have been taking measures to control these risks. However, this is not always done in a systematic way and there was little knowledge of the principles of COSHH assessments. Further initiatives could be directed at this industry, including suppliers of cosmetic products, to improve the knowledge and implementation of COSHH and ensure an adequate assessment and control of the risks to health.
- The Occupational Health in Hair and Beauty (OHHB) London Working Group will continue to plan and coordinate further intervention work with Local Authorities. This will include awareness raising events in London (planned for 2008), which will target the specific issues raised by this report. They have identified a need to evaluate this initiative and have requested assistance from HSL.

¹ <http://www.hse.gov.uk/hairdressing/products.htm>

1 INTRODUCTION

1.1 BACKGROUND

Nail bars and hairdressers are an expanding small-business sector and a proliferation of premises has been noted by Local Authority Officers and HSE Occupational Hygiene Inspectors.

The potential health risks associated with nail enhancement work include inhalation of and skin contact with solvents, lacquers, acrylic polymers (including ethyl methacrylate (EMA)), adhesives and dust (Hiipakka and Samimi, 1987; Spencer et al., 1997). There are also risks of musculo-skeletal disorders (MSDs) and cross-infection. As there is a lack of consistent guidance, the correct application of controls in the industry is thought to be varied. The potential risks associated with hairdressing are occupational contact dermatitis due to 'wet work' and occupational asthma, rhinitis and dermatitis from contact with sensitizing agents in hair dyes, such as persulphate salts and para-phenylenediamine (PPD; Moscato and Galdi, 2006; Moscato et al., 2005).

Nail bars and hairdressers have developed into a significant area of concern among the London enforcement officers. The Health and Safety Executives's (HSE) London Occupational Health in Hair and Beauty (OHHB) Group was established to focus on aligning the issues of concern to Local Authorities in the London Boroughs with HSE's remit for dermatitis and asthma. The group brings together Local Authority Environmental Health Practitioners (EHPs) from London Boroughs with the HSE Partnership Team, HSE's Disease Reduction Programme and the Health and Safety Laboratory (HSL). The London Borough EHPs planned to make inspections of hairdressing and nail bar premises from October 2006-March 2007 to contribute to HSE's Public Service Agreement Targets via the Fit3 Work plan for London 2006-7. The OHHB Group requested that HSE/HSL, in consultation with London EHPs, assisted with the production of an inspection checklist and training event for occupational health issues in hairdressers and nail bars, which was held in September 2006. This event aimed to provide London inspectors with the specific skills and knowledge about potential hazards and recommended control measures so that they would be able to competently and consistently implement the inspection checklists.

1.2 AIMS AND OBJECTIVES

The aims of this study are to gain an understanding of the potential occupational health risks in hairdressing and nail salons.

The objectives are to gain an understanding of the knowledge of appropriate regulations, control of exposure to hazardous substances and management of potential respiratory and skin health issues in hairdressing and nail salons.

2 METHODS

2.1 INSPECTION OF HAIRDRESSING AND NAIL BAR PREMISES

Local Authority EHPs undertook a comprehensive on-site inspection using their chosen general health and safety management inspection procedures. A generic 'front-end' inspection form was made available to inspectors involved in this initiative, which was optional for them to use (Appendix 1). The style and content of inspections was at the discretion of the inspectors but generally included an initial walk through survey to gain an appreciation of the products being used, the treatments provided, the premises, the staffing, the likely health and safety risks and the control measures in place. The Local Authority EHPs made enquiries of duty holders and staff, to find out whether risk assessments had been carried out, how this was done and request to see any relevant Health and Safety paperwork. The Local Authority EHPs were also asked to collect specific data, (where possible and practicable) which covered senior staff knowledge of appropriate regulations, control of exposure to hazardous substances, glove use and 'risk control indicator data, (Appendix 2). These data were returned to the Health and Safety Laboratory for analysis and reported in this study.

2.2 STATISTICAL ANALYSIS

All the data analysis for the inspection checklists was performed using SPSS software (Statistical Package for Social Scientists v10, SPSS Inc., Chicago, USA). Descriptive statistical analysis was performed on the data. For a number of questions, the inspectors either responded that the question was 'non applicable' or 'unknown'. We do not have any further information regarding these responses, however these responses were included in the statistical calculations.

Unfortunately, not all of the questions on the inspection checklist provided data that could be meaningfully analysed. Reasons for excluding certain questions from the reported findings included missing responses or ambiguity in the responses given that could not be satisfactorily resolved.

3 RESULTS

3.1 SALON INSPECTIONS AND CHECKLIST RETURNS

380 inspections of hairdressing and nail salons were pledged in September 2006 and in total 205 checklists from inspections carried out between October 2006 and April 2007 were sent to HSL for analysis. The breakdown of inspection checklists by type of premises was 122 hairdressers [59.9%], 36 nail salons [17.6%] and 47 salons providing hairdressing and nail services [22.9%].

3.2 GENERAL REQUIREMENTS: CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH)

In total 44.0% of salons (that were inspected by EHPs and results returned to HSL) **kept a list of products used and recorded which of these were potentially hazardous to health** (49.6% of hairdressing salons, 29.0% of nail salons and 40.4% of salons providing both hairdressing and nail salon services, [table 1]). **However, from the inspectors perspective, 88% of the senior staff in the salons sampled** (88.9% of hairdressing salons, 83.9% of nail bar salons and 88.6% of salons providing both services) **understood about the main risks to employee health associated with the use of these products.**

In the inspectors' opinion 38.6% of senior staff in the premises inspected (37.8% of hairdressing salons, 42.4% of nail bar salons and 37.8% of the salons providing both services) **understood COSHH assessments and could provide evidence of assessments they had completed.**

Just over half (53.8%) of the senior staff understood what material safety data sheets (MSDS) were used for (52.1% in the hairdressing salons, 52.9% in the nail bar salons and 58.7% in the salons providing both services).

79.7% of the salons had steps in place to control the risk to health from hazardous products used by staff (77.2% of hairdressing salons, 75.8% of nail bar salons and 88.9% of the salons providing both services) and **58.9% of salons considered the possible associated health risks when buying new hairdressing/nail bar products** (53.3% of hairdressing salons, 68.8% of nail bar salons and 67.4% of salons providing both services).

Salons generally stored and mixed beauty products appropriately (83.0%) [81.7% of hairdressing salons, 71.4% of nail bar salons and 95.6% of salons providing both services] **and disposed of used and un-used products/chemicals in an appropriate fashion (84.8%)** [79.0% of hairdressing salons, 88.6% of nail bar salons and 97.7% of the salons providing both services]

Table 1: General questions regarding the Control Of Substances Hazardous to Health (COSHH)

GENERAL QUESTIONS REGARDING THE CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH)	HAIRDRESSERS			NAIL SALONS			HAIRDRESSING AND NAIL SERVICES			ALL SALONS		
	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
Does the business keep a list of the hairdressing and beauty products that they use and record which of these products are potentially hazardous to human health?	57/115 49.6%	58/115 50.4%	0/115 0%	9/31 29.0%	22/31 71.0%	0/31 0%	19/47 40.4%	28/47 59.6%	0/47 0%	85/193 44.0%	108/193 56.0%	0/193 0%
Do the senior staff understand about the main risks to employee health associated with the use of these products?	96/108 88.9%	12/108 11.1%	0/108 0%	26/31 83.9%	5/31 16.1%	0/31 0%	39/44 88.6%	5/44 11.4%	0/44 0%	161/183 88.0%	22/183 12.0%	0/183 0%
Do the senior staff understand about COSHH assessments and can they provide evidence of assessments they have completed?	45/119 37.8%	63/119 52.9%	11/119 9.2%	14/33 42.4%	18/33 54.5%	1/33 3.0%	17/45 37.8%	28/45 62.2%	0/45 0%	76/197 38.6%	109/197 55.3%	12/197 6.1%
Does the business keep any written procedures on how to control exposure, etc	35/111 31.5%	76/111 68.5%	0/111 0%	6/33 18.2%	27/33 81.8%	0/33 0%	13/47 27.7%	34/47 72.3%	0/47 0%	54/191 28.3%	137/191 71.7%	0/191 0%
Do the senior staff understand what MSDS are for?	61/117 52.1%	49/117 41.9%	7/117 6.0%	18/34 52.9%	14/34 41.2%	2/34 5.8%*	27/46 58.7%	19/46 41.3%	0/46 0%	106/197 53.8%	82/197 41.6%	9/197 4.6%*
Does the business have steps in place to control the risk to health from hazardous products used by their staff?	88/114 77.2%	13/114 11.4%	13/114 11.4%	25/33 75.8%	6/33 18.2%	2/33 6.1%	40/45 88.9%	4/45 8.9%	1/45 2.2%	153/192 79.7%	23/192 12.0%	16/193 8.3%
Are hairdressing/beauty products stored and mixed appropriately?	98/120 81.7%	5/120 4.2%	17/120 14.1%*	25/35 71.4%	1/35 2.9%	9/35 25.7%	43/45 95.6%	2/45 4.4%	0/45 0%	166/200 83.0%	8/200 4.0%	26/200 13.0%*
Are used/ un-used products/chemicals disposed of appropriately?	94/119 79.0%	6/119 5.0%	19/119 16.0%	31/35 88.6%	1/35 2.95%	3/35 8.6%	43/44 97.7%	0/44 0%	1/44 2.3%	168/198 84.8%	7/198 3.5%	23/198 11.6%
Do they consider the possible associated health risks when buying a new hairdressing/hair bar product?	65/122 53.3%	34/122 27.9%	23/122 18.8%*	22/32 68.8%	8/25.0 25.0%	2/32 6.35	29/43 67.4%	13/43 30.2%	1/43 2.3%	116/197 58.9%	55/197 27.9%	26/197 13.2%*

N/A- non applicable or don't know * = I don't know response all other non-applicable

Denominators vary based on the number of inspectors who completed each question

MAIN POINTS (1)
COSHH

From the inspector's perspective, 88% of senior staff in the salons sampled understood about the main risks to employee health associated with the products they used. However, only 44.0% of the salons kept a list of the products they used and recorded which were potentially hazardous to health and only 38.6% of the salons were thought to have an understanding of COSHH assessments and could provide evidence of assessments they had completed. 79.7% of the salons had steps in place to control the risk to health from hazardous products used by staff.

58.9% of salons considered the possible associated health risks when buying new hairdressing/nail bar products and just over half (53.8%) of the senior staff understood what material safety data sheets (MSDS) were for.

Salons generally stored and mixed beauty products appropriately (83.0%) and disposed of used and unused products/chemicals in an appropriate fashion (84.8%).

3.3 HEALTH AND SAFETY TRAINING

In 88.9% of salons, the Local Authority EHPs considered that employees had been trained and made aware of the health hazards associated with carrying out their work (90.4% of hairdressing salons, 83.9% of nail bar salons and 88.6% of salons providing both services) table 2. **Furthermore, in 89.0% of the salons the employees took suitable and sufficient precautions to protect themselves and clients** (89.7 of hairdressing salons, 96.7% of the nail bar salons and 82.2% of salons providing both services).

In 78.6% of salons, employees were checked to see whether they were following health and safety procedures and that they were implementing any health and safety training they had (80.9% of hairdressing salons, 67.9% of nail bar salons and 79.5% of salons providing both services).

MAIN POINTS (2)
HEALTH AND SAFETY TRAINING

In 88.9% of salons, the Local Authority environmental health practitioners considered that employees had been trained and made aware of the health hazards associated with carrying out their work. Furthermore, in 89.0% of the salons the employees took suitable and sufficient precautions to protect themselves and their clients.

In 78.6% of salons, employees were checked to see whether they were following health and safety procedures and that they were implementing any health and safety training they had.

Table 2: General questions regarding Health and Safety training

GENERAL QUESTIONS REGARDING HEALTH AND SAFETY TRAINING	HAIRDRESSERS		NAIL SALONS		HAIRDRESSING AND NAIL SERVICES		ALL SALONS	
	YES	NO	YES	NO	YES	NO	YES	NO
Have employees been trained and made aware of the health hazards associated with carrying out their work?	103/114 90.4%	11/114 9.6%	26/31 83.9%	5/31 16.1%	39/44 88.6%	5/44 11.4%	168/189 88.9%	21/189 11.1%
Do employees take suitable and sufficient precautions to protect both themselves and clients?	96/107 89.7%	11/107 10.3%	29/30 96.7%	1/30 3.3%	37/45 82.2%	8/45 17.8%	162/182 89.0%	20/182 11.0%
Does anyone check that the employees follow health and safety procedures and that they implement their health and safety training?	89/110 80.9%	21/110 19.1%	19/28 67.9%	9/28 32.1%	35/44 79.5%	9/44 20.5%	143/182 78.6%	39/182 21.4%

Denominators vary based on the number of inspectors who completed each question

3.4 GENERAL SKIN CARE AND GLOVE USE

Nearly all of the salons inspected (99.0%) provided hot and cold running water facilities for employees, (98.3% of hairdressing salons, 100% of nail bar salons and salons providing both services) with 98.0% also providing hand cleaning products (98.3% of hairdressing salons, 100% of nail bar salons and 95.7% of the salons providing both services). Again, most of the salons (94.9%) provided good quality, soft clean towels in the wash area (93.3% of hairdressing salons, 96.9% of nail bar salons and 97.9% of the salons providing both services) and 88.8% provided skin creams for employee use (88.4% of hairdressing salons, 76.7% of nail bar salons and 97.8% of the salons providing both services).

84.9% of salons provided gloves for all work involving products/chemicals or wet work (85.1% of hairdressing salons, 71.9% of nail bar salons and 93.5% of salons providing both services), and of these, nearly all (95.3%) provided the gloves on single use basis (92.3% of hairdressing salons, 100% of nail bar salons and 100% of salons providing both services)

In three quarters of the salons providing gloves (75%), there was evidence that the gloves were actually used (such as used gloves in the waste bin) (76.2% of hairdressing salons, 69.6% of nail bar salons and 75.0% of salons providing both services). However, only roughly half of the salons (54.5%) provided instructions or guidance on how to put on and remove gloves without contaminating the hands (50.0% of hairdressing salons, 65.2% of nail bar salons and 54.5% of salons providing both services)

Over three quarters (77.9%) of salons provided latex gloves, 17.4% provided vinyl, 2.3% polythene and 2.3% nitrile.

MAIN POINTS (3) GENERAL SKIN CARE AND GLOVE USE

Nearly all of the salons inspected (99.0%) provided hot and cold running water facilities for employees, with 98.0% also providing hand-cleaning products. Again, most of the salons (94.9%) provided good quality, soft clean towels in the wash area and 88.8% provided skin creams for employee use.

84.9% of salons provided gloves for all work involving products/chemicals or wet work and of these, nearly all (95.3%) provided the gloves on single use basis.

In three quarters of the salons providing gloves (75%), there was evidence that the gloves were actually used (such as used gloves in the waste bin). However, only roughly half of the salons (54.5%) provided instructions or guidance on how to put on and remove gloves without contaminating the hands.

Over three quarters (77.9%) of salons who provided gloves, provided latex gloves, 17.4% provided vinyl, 2.3% polythene and 2.3% nitrile.

Table 3: General skin care and glove use (N/A- non applicable)

SKIN CARE AND GLOVE USE	HAIRDRESSERS			NAIL SALONS			HAIRDRESSING AND NAIL SERVICES			ALL SALONS		
	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
Are hot and cold and cold running water facilities available for all employees?	118/120 98.3%	2/120 1.7%	0/120 0%	32/32 100%	0/32 0%	0/32 0%	45/45 100%	0/45 0%	0/45 0%	195/197 99.0%	2/197 1.0%	0/197 0%
Are hand-cleaning products eg liquid soap provided for employees?	119/121 98.3%	2/121 1.7%	0/121 0%	32/32 100%	0/32 0%	0/32 0%	45/47 95.7%	2/47 4.3%	0/47 0%	196/200 98.0%	4/200 2.0%	0/200 0%
Are good quality, soft, clean towels provided in the wash area?	111/119 93.3%	8/119 6.7%	0/119 0%	31/32 96.9%	1/32 3.1%	0/32 0%	46/47 97.9%	1/47 2.1%	0/47 0%	188/198 94.9%	10/198 5.1%	0/198 0%
Are skin care creams provided for employee use?	107/121 88.4%	13/121 10.7%	0/121 0%	23/30 76.7%	4/30 13.3%	3/30 10.0%	44/45 97.8%	1/45 2.2%	0/45 0%	174/196 88.8%	18/196 9.2%	4/196 2.0%
Are gloves provided by the business for all work involving products/chemicals and wet work?	103/121 85.1%	16/121 13.2%	2/121 1.7%	23/32 71.9%	9/32 28.1%	0/32 0%	43/46 93.5%	3/46 6.5%	0/46 0%	169/199 84.9%	28/199 14.1%	2/199 1.0%
If yes, are gloves provided on a personal and single use only basis?	72/78 92.3%	5/78 6.4%	1/78 1.3%	16/16 100%	0/16 0%	0/16 0%	33/33 100%	0/33 0%	0/33 0%	121/127 95.3%	5/127 3.9%	1/127 0.8%
If yes, is there evidence that these gloves are actually being used? (eg evidence of them in the waste bin)	77/101 76.2%	23/101 22.8%	1/101 1.0%	16/23 69.6%	6/23 26.1%	1/23 4.3%	30/40 75.0%	8/40 20.0%	2/40 5.0%	123/164 75.0%	37/164 22.6%	4/164 2.4%
If yes, does management provide instructions/guidance on how to put on and remove gloves without contaminating the hands?	49/102 48.0%	51/102 50.0%	2/102 2.0%	7/23 30.4%	15/23 65.2%	1/23 4.3%	17/42 40.5%	25/42 59.5%	0/42 0%	73/167 43.7%	91/167 54.5%	3/167 1.8%
If yes, what type of glove is used?	Latex: 75.0% (39/52) Vinyl: 19.2% (10/52) Polythene: 3.8% (2/52) Nitrile: 1.9% (1/52)			Latex: 90.9% (10/11) Vinyl: 9.1% (1/11)			Latex: 78.3% (18/23) Vinyl: 17.4% (4/23) Nitrile: 4.3% (1/23)			Latex: 77.9% (67/86) Vinyl: 17.4% (15/86) Polythene: 2.3% (2/86) Nitrile: 2.3% (2/86)		

Denominators vary based on the number of inspectors who completed each question

3.5 USE OF HAIR-DYE PRODUCTS CONTAINING PARAPHENYLENEDIAMINE (PPD) IN HAIRDRESSERS

36.5% [54/148] of the salons providing hairdressing services (33.9% [37/109] of the hairdressing salons and 43.6% [17/39] of the salons providing both hairdressing and nail salon services) used permanent hair-dye products containing PPD. In 20.2% of salons [21/148] the inspector thought that was not applicable or did not know.

3.6 USE OF PRODUCTS AND TOOLS IN SALONS PROVIDING NAIL SERVICES

Generally, the salons providing nail services wiped clean the treatment tables between services (92.1% [70/76]), and approximately a third (37.8% [28/74]) used make up brushes for dusting down the equipment used for nail treatments (table 4a). 71.8% (51/71) of the salons used single use sterile instruments whenever possible. However, if non-disposable equipment was used, Local Authority EHPs thought that 87.1% (61/70) of salons, effectively cleaned, disinfected and/or sterilised equipment in between clients. Only 16% (12/75) of salons used an autoclave.

Most of the salons (89% [65/73]) closed containers that are not been currently used, thus reducing exposure to their contents. Only 15.7% (11/70) of salons used ventilated tables, which vent to the outside of the premises. Employees wore a disposable dust mask when carrying out nail services in approximately half (54.9% [39/71]) of the salons providing nail services.

Approximately a third (36.6% [26/71]) of salons used electric drills. However, if drills were used, they were mainly (95.8% [23/24]) restricted to filing artificial nails only.

In salons providing artificial nail treatments, 34% (17/50) used a combination of UV, powder/acrylic and wraps, 30% (15/50) used powder/acrylic systems only, 20% (15/50) UV systems only and 2% (1/50) wraps only. Of those salons, which used UV or powder/acrylic (excluding wrap systems), approximately half (48.8% [20/41]) reported that they did not contain either ethyl methacrylate (EMA) or methyl methacrylate monomer (MMA) ingredients. 48.8% (20/41) were thought to contain EMA and 2.4% (1/41) MMA.

3.7 GENERAL RISK CONTROL INDICATORS

The Local Authority EHPs were asked to give each salon an overall assessment of the management of risk, control strategy, working environment, management systems and health surveillance, in line with HELA general risk control indicators. **Just over a third (38.9% [72/185]) of the salons inspected either had full or broad compliance in their management systems** (which will have covered adequate COSHH assessment, provision of information, staff training and management commitment) **and just over half (55.0% [102/185]) had full or broad compliance in their strategy to control exposures.**

Approximately a quarter of salons (27.2% [47/173]) had full or broad compliance with health surveillance requirements, which would have included consideration of the need for health surveillance and appropriate provision, if required.

The 'management of risk indicators' cover the identification of main risks and implementing the necessary steps to control the risks to health. This needs to be undertaken by a competent individual with knowledge of the relevant health and safety standards. **Just over half of the salons (55.1% [102/185]) had full or broad compliance with the management of risk.**

Most of the salons inspected (88.6% [164/185]) were considered to have a well lit, well ventilated, tidy and clean working environment.

MAIN POINTS (4)

USE OF PRODUCTS AND TOOLS IN SALONS PROVIDING NAIL SERVICES

92.1% of the salons wiped clean the treatment tables between services and approximately a third (37.8%) used make up brushes for dusting down the equipment used for nail treatments.

71.8% of the salons used single use sterile instruments whenever possible. However, if non-disposable equipment was used, Local Authority EHPs thought 87.1% of salons effectively cleaned, disinfected and/or sterilised equipment in between clients. Only 16% of salons used an autoclave.

Most of the salons (89%) closed containers that are not been currently used, thus reducing exposure to their contents. Only 15.7% of salons used ventilated tables, which vent to the outside of the premises.

Employees wore a disposable dust mask when carrying out nail services in approximately half (54.9%) of the salons providing nail services.

Approximately a third (36.6% of salons used electric drills. However, if drills were used, they were mainly (95.8%) restricted to filing artificial nails only.

In salons providing artificial nail treatments, 34% used a combination of UV, powder/acrylic and wraps, 30% used powder/acrylic systems only, 20% UV systems only and 2% wraps only. Of those salons, which used UV or powder/acrylic (excluding wrap systems), approximately half (48.8% [20/41]) reported that they did not contain either ethyl methacrylate (EMA) or methyl methacrylate monomer (MMA) ingredients. 48.8% (20/41) were thought to contain EMA and 2.4% (1/41) MMA.

MAIN POINTS (5)

GENERAL RISK CONTROL INDICATORS

Just over a third (38.9%) of the salons inspected had full or broad compliance in their management systems (which will have covered adequate COSHH assessment, provision of information, staff training and management commitment) and just over half (55.0%) had full or broad compliance in their strategy to control exposures. Approximately a quarter of salons (27.2%) had full or broad compliance with health surveillance requirements, which would have included consideration of the need for health surveillance and appropriate provision, if required.

Just over half of the salons (55.1%) had full or broad compliance with the management of risk, which covers the identification of main risks and implementation the necessary steps to control the risks to health

Most of the salons inspected (88.6%) were considered to have a well lit, well ventilated, tidy and clean working environment.

Table 4a: Use of products and tools in salons providing nail services.

USE OF PRODUCTS AND TOOLS IN NAIL SALONS	NAIL SALONS			HAIRDRESSING AND NAIL SERVICES			ALL SALONS		
	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
Are treatment tables wiped clean between clients?	30/34 88.2%	3/34 8.8%	1/34 2.9%	40/42 95.2%	2/42 4.8%	0/42 0%	70/76 92.1%	5/76 6.6%	1/76 1.3%
Do you use make-up brushes for dusting down equipment?	17/34 50%	17/34 50%	0/34 0%	11/40 27.5%	29/40 72.5%	0/40 0%	28/74 37.8%	46/74 62.2%	0/74 0%
Are single use, sterile instruments used whenever possible?	21/31 67.7%	8/31 25.85	2/31 6.5%	30/40 75.0%	10/40 25%	0/40 0%	51/71 71.8%	18/71 25.4%	2/71 2.8%
Is non-disposable equipment effectively cleaned, disinfected and/or sterilised between clients?	28/32 87.5%	4/32 12.5%	0/32 0%	33/38 86.8%	4/38 10.5%	1/38 2.6%	61/70 87.1%	8/70 11.4%	1/70 1.4%
Does the business use an autoclave?	6/33 18.2%	26/33 78.8%	1/33* 3.0%	6/42 14.3%	36/42 85.7%	0/42 0%	12/75 16%	62/75 82.7%	1/75 1.3%
Do employees wear a disposable dust mask when carrying out nail services?	21/33 63.6%	12/33 36.4%	0/33 0%	18/38 47.4%	19/38 50.0%	1/38 2.6%	39/71 54.9%	31/71 43.7%	1/71 1.4%
Are containers that aren't being used kept closed thus reducing exposure?	33/33 100%	0/33 0%	0/33 0%	32/40 80.0%	4/40 10.0%	4/40 10.0%	65/73 89.0%	4/73 5.5%	4/73 5.5%
Are ventilated treatment tables used which vents to the outside?	6/32 18.8%	26/32 81.3%	0/32 0%	5/38 13.2%	30/38 78.9%	3/38 7.9%	11/70 15.7%	56/70 80.0%	3/70 4.3%

(N/A- non applicable) *included 1 “don’t know” response

Denominators vary based on the number of inspectors who completed each question

Table 4b: Use of products and tools in nail salons

USE OF PRODUCTS AND TOOLS IN NAIL SALONS	NAIL SALONS			HAIRDRESSING AND NAIL SERVICES			ALL SALONS			
	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	
Are electric drills used?	17/33 51.5%	15/33 45.5%	1/33 3.0%	9/38 23.7%	27/38 71.1%	2/38 5.3%	26/71 36.6%	42/71 51.2%	3/71 4.2%	
If yes, is use restricted to filing artificial nails only (not natural nails)?	14/15 93.3%	1/15 6.7%	0/15 0%	9/9 100%	0/9 0%	0/9 0%	23/24 95.8%	1/24 4.2%	0/24 0%	
What type of nail extension system is used?	UV nails: 14.8% (4/27) Powder/acrylic: 40.7% (11/27) All*: 37.0% (10/27) N/A: 7.4% (2/27)	UV nails: 26.1% (6/23) Powder/acrylic: 17.4% (4/23) Wraps: 4.3% (1/23) All*: 30.4% (7/23) N/A: 21.7% (5/23)	UV nails: 20.0% (10/50) Powder/acrylic: 30.0% (15/50) Wraps: 2.0% (1/50) All*: 34.0% (17/50) N/A: 14.0% (7/50)							
Do they contain EMA or MMA (excluding wrap systems)?	-**	-**	-**	-**	-**	-**	MMA: 2.4% (1/41) EMA: 48.8% (20/41) Neither: 48.8% (20/41)			
Are the smallest possible containers and brushes used when using EMA/MMA?	19/31 61.3%	3/31 9.7%	9/31 29.0%	13/31 41.9%	1/31 3.2%	17/31 54.8%	32/62 51.6%	4/62 6.5%	26/62 41.9%	

(N/A- non applicable * The category 'All' included UV nails. Powder/acrylic nails systems and wrap nail systems) **Numbers too small to subdivide

Denominators vary based on the number of inspectors who completed each question

Table 5: General risk control indicators

GENERAL RISK CONTROL INDICATORS	HAIRDRESSERS COMPLIANCE	NAIL SALONS COMPLIANCE	HAIRDRESSING AND NAIL SERVICES COMPLIANCE	ALL SALONS COMPLIANCE
<p>MANAGEMENT SYSTEMS: Effective organisation and arrangements including adequate COSHH assessment, provision of information, instruction, training and supervision Evidence of management commitment and arrangements for review</p>	<p>Full: 5.2% (6/116) Broad: 35.3% (41/116) Some: 47.4% (55/116) Limited/no: 12.1% (14/116)</p>	<p>Full: 13.3% (4/30) Broad: 20.0% (6/30) Some: 50.0% (15/30) Limited/no: 16.7% (5/30)</p>	<p>Full: 5.1% (2/39) Broad: 33.3% (13/39) Some: 48.7% (19/39) Limited/no: 12.8% (5/39)</p>	<p>Full: 6.5% (12/185) Broad: 32.4% (60/185) Some: 48.1% (89/185) Limited/no: 13.0% (24/185)</p>
<p>CONTROL STRATEGY: Substitution considered and effected where possible Adequate engineering controls provided, used, maintained, examined and tested at suitable intervals Suitable PPE provided, worn and stored correctly, suitably cleaned and well maintained Appropriate instruction and training in proper use of engineering controls and PPE</p>	<p>Full: 6.9% (8/116) Broad: 47.4% (55/116) Some: 32.8% (38/116) Limited/no: 12.9% (15/116)</p>	<p>Full: 13.3% (4/30) Broad: 30.0% (9/30) Some: 46.7% (14/30) Limited/no: 10.0% (3/30)</p>	<p>Full: 0% (0/39) Broad: 51.3% (20/39) Some: 43.6% (17/39) Limited/no: 5.1% (2/39)</p>	<p>Full: 6.5% (12/185) Broad: 45.4% (84/185) Some: 37.3% (69/185) Limited/no: 10.8% (20/185)</p>
<p>HEALTH SURVEILLANCE: A competent person has considered the need for health surveillance and provides it for everyone at risk and it is repeated as necessary Health records are kept Reportable cases of occupational ill health are reported under RIDDOR</p>	<p>Full: 1.9% (2/107) Broad: 23.4% (25/107) Some: 52.3% (56/107) Limited/no: 22.4% (24/107)</p>	<p>Full: 3.6% (1/28) Broad: 28.6% (8/28) Some: 39.3% (11/28) Limited/no: 28.6% (8/28)</p>	<p>Full: 2.6% (1/38) Broad: 26.3% (10/38) Some: 42.1% (16/38) Limited/no: 28.9% (11/38)</p>	<p>Full: 2.3% (4/173) Broad: 24.9% (43/173) Some: 48.0% (83/173) Limited/no: 24.9% (43/173)</p>
<p>MANAGEMENT OF RISK: Management enthusiastic and competent, have identified the main risks and for each one, knows the relevant health and safety standards The necessary measures have been put in place and checks are made to see they are used properly Evidence of effective self-regulation</p>	<p>Full: 6.9% (8/116) Broad: 53.4% (62/116) Some: 35.3% (41/116) Limited/no: 4.3% (5/116)</p>	<p>Full: 10.0% (3/30) Broad: 26.7% (8/30) Some: 53.3% (16/30) Limited/no: 10.0% (3/30)</p>	<p>Full: 5.1% (2/39) Broad: 48.7% (19/39) Some: 41.0% (16/39) Limited/no: 5.1% (2/39)</p>	<p>Full: 7.0% (13/185) Broad: 48.1% (89/185) Some: 39.5% (73/185) Limited/no: 5.4% (10/185)</p>
<p>WORKING ENVIRONMENT: Workplace is well lit, well ventilated, tidy and clean (if inspected, good welfare facilities)</p>	<p>Full: 39.7% (46/116) Broad: 50.0% (58/116) Some: 7.8% (9/116) Limited/no: 2.6% (3/116)</p>	<p>Full: 53.3% (16/30) Broad: 30.0% (9/30) Some: 16.7% (5/30)</p>	<p>Full: 51.3% (20/39) Broad: 38.5% (15/39) Some: 7.7% (3/39) Limited/no: 2.6% (1/39)</p>	<p>Full: 44.3% (82/185) Broad: 44.3% (82/185) Some: 9.2% (17/185) Limited/no: 2.2% (4/185)</p>

Denominators vary based on the number of inspectors who completed each question

4 DISCUSSION

4.1 GENERAL INFORMATION

Local Authority EHPs undertook a comprehensive on-site inspection of hairdressing and nail salons the London Boroughs, which included an initial walk through survey to gain an appreciation of the products being used, the treatments provided, the premises, the staffing, the likely health and safety risks and the control measures in place. The Local Authority EHPs also undertook an assessment of knowledge of appropriate regulations, control of exposure to hazardous substances and glove use, which are reported in this study. In total 205 checklists from 380 anticipated inspections of hairdressing and nail salons between October 2006 and April 2007 were sent to HSL for analysis. EHPs' responses were similar across both hairdressing and nail salons.

In London, nail bars and beauty salons (but not hairdressers) must hold a Special Treatment Licence². Although there is a regime for registration (not licensing) of some special treatments outside London, this does not apply to manicure treatments. Through the process of issuing licences in London, Local Authority inspectors have raised duty holders' awareness of acceptable health and safety standards in beauty and nail salons for the last two to three years. This activity is likely to have raised the standard of the observed practices in London compared with other Council localities in Great Britain. The salons in this study were not selected for inspection using any specified criteria. However, inspectors who attended the launch event were requested to select salons at random, and if possible, representing varying sizes of premises and owned both by salon chains and independently. Two EHPs who responded to an enquiry email stated that they had chosen salons that were due to be routinely inspected and further salons were then selected at random.

4.2 GENERAL REQUIREMENTS: COSHH

Cosmetics are subject to the Control of Substances Hazardous to Health Regulations (COSHH, 2002)³, as substances hazardous to health that "creates a risk to health, but which for technical reasons may not be specifically covered by CHIP". Therefore, employers are required to carry out a risk assessment under the COSHH Regulations. If the employer has five or more employees they must make and keep a record of the main findings of the assessment, either in writing or on computer.

In this study only roughly two fifths of salons sampled understood COSHH assessments and could provide evidence of assessments they had completed. A similar percentage kept a list of products that they used and recorded which of these are potentially hazardous to health. Many staff did not know what MSDS were but this is unsurprising as the Chemicals (Hazard Information & Packaging for Supply) Regulations 2005 (CHIP) do not apply to cosmetics, so the suppliers of many products used in the salons would not be required by law to provide a MSDS. Under these circumstances the duty holder or Trading Standards officers may obtain further information from the supplier or other bodies which may be able to supply relevant information such as Trade Associations (e.g. Cosmetic Toiletry and Perfumery Association (CTPA)) or Habia.

² *A Special Treatment Licence is a licence that must be held by proprietors of premises in London Council boroughs that carry out or intend to carry out special treatments (such as manicure/pedicure, tattooing, cosmetic piercing, etc.). Under the London Local Authorities Act 1991, any premises that provide special treatments, as detailed in the Act, are required to hold a Special Treatment licence. It is illegal to offer special treatments without a valid Special Treatment licence for the premises.*

³ **COSHH: A brief guide to the Regulations.** What you need to know about the Control of Substances Hazardous to Health Regulations 2002 (COSHH) <http://www.hse.gov.uk/pubns/indg136.pdf>

However, even though evidence of this information wasn't generally recorded, most of the senior staff in the hairdressing and nail salons were thought by local authority inspectors to understand about the main risks to employee health associated with the use of these products. Furthermore, employees had been trained and made aware of the health hazards associated with carrying out their work and took suitable and sufficient precautions to protect themselves and their clients.

4.3 GENERAL SKIN CARE AND GLOVE USE

HSE, in partnership with Local Authorities, launched a 'Bad hand day?' campaign in November 2006 (www.bandhandday.hse.gov.uk), which aimed to raise awareness of and help prevent dermatitis in hairdressers. This campaign provided useful guidance and instructions on how to prevent dermatitis by the correct use of gloves, washing, drying and moisturising the hands and by encouraging staff to check their hands for early signs of dermatitis. Raising awareness of the risks of dermatitis, good hand care and checking for early signs of dermatitis is also important for nail salon workers. The guidance suggests that hands are dried thoroughly with a soft cotton or paper towel and that the hands are moisturised after washing and at the start and end of the day. Most of the salons inspected provided hot and cold running water facilities, hand-cleaning products, good quality soft clean towels and skin creams for employees.

COSHH essentials (SR13 Nail bars and SR11 Hairdressing) and Habia dermatitis and glove use guidance (Habia, 2007) advises that protective gloves are provided for certain nail services and hairdressing activities. Over four fifths of salons provided gloves for all work involving products/chemicals or wet work and of these, nearly all (over 95%) were reported to provide the gloves on single use basis. In three quarters of the salons providing gloves the inspectors saw evidence that the gloves were actually used. However, only roughly half of the salons provided instructions or guidance on how to put on and remove gloves without contaminating the hands, even though this information was provided to hairdressers in HSE's 'Bad hand day?' campaign (November 2006). This suggests that some key messages of the campaign may not have been fully adopted by the salons inspected as part of the London Boroughs inspection campaign which ran from October 2006 to April 2007.

Over three quarters of the salons who provided gloves, provided latex gloves for their staff although the 'Bad hand day?' campaign (November 2006) and the COSHH Essentials SR11 all advocate the use of non-latex gloves and the SR11 for Nail Bars states "If you must use latex gloves, use only 'low protein, powder-free' gloves". As this was an unexpected finding, the checklist did not ascertain if the latex gloves in use were powdered, low protein or powder-free. This finding demonstrates that the messages about using non-latex gloves featured in the 'Bad Hand Day?' campaign and associated guidance (e.g. Habia dermatitis guidance for hairdressers (2007)) are important and need to be promulgated within the sector. It also raises the possibility that hairdressers, nail bars and beauty salons could be using powdered latex gloves and further investigation would be required to clarify this.

4.4 USE OF PRODUCTS AND TOOLS IN SALONS PROVIDING NAIL SERVICES

SR13 (Nail bars) describes good practice to control nuisance odours and dusts and information regarding suitable equipment. The guidance suggests that sterile single-use instruments are provided for use whenever possible. Roughly two thirds of the salons inspected used single use sterile instruments whenever possible. However, if non-disposable equipment was used, over four fifths of salons were reported to have effectively cleaned, disinfected and/or sterilised equipment in between clients. The guidance suggests that caps/lids are 'put back on containers straight away' and over four fifths of salons closed containers that are not being currently used, thus reducing exposure to their contents.

A good standard of ventilation is recommended and an extractor hood or downdraught table is suggested. However, in this study only roughly a tenth of salons used ventilated tables. Dust masks are not acceptable as a control (according to the COSHH Essentials SR13 guide on nail bars), yet in approximately half of the salons inspected, employees wore a disposable dust mask when carrying out nail services.

Both ethyl and methyl methacrylates have traditionally been used in acrylic based nail extension systems. However, the use of MMA was banned in around 23 U.S states in 1999 (Beauty for Nails, 2006). Although MMA is not banned in Britain, its use is in decline due to good working practices, which has resulted in it being largely replaced by ethyl methacrylate (EMA) (thought to be a less potent sensitiser and is therefore thought to be safe if used according to manufacturers directions [Cosmetic Ingredient Review Expert Panel, 2002]). Of those salons inspected which used UV or acrylic/powder nail extension systems approximately half were reported not to contain either EMA or MMA. This is surprising as EMA is the monomer commonly used in these systems. This finding suggests that the salon workers were not aware that EMA was in products they used.

4.5 GENERAL RISK CONTROL INDICATORS

The Local Authority environmental health practitioners were asked to give each salon an overall assessment of five HELA general risk control indicator categories management of risk, control strategy, working environment, management systems and health surveillance. Just over a third of the salons inspected either had full or broad compliance in their management systems, which will have covered adequate COSHH assessment, provision of information, staff training and management commitment. This lack of compliance in management systems may have contributed to the fact that only just over half of the salons had full or broad compliance in their strategy to control exposure. This information suggests that further work in the hairdressing and nail salon industries is needed to tackle the issues of exposure control and suggest practical and cost effective solutions to this problem.

When undertaking a COSHH assessment, an employer should assess the need for health surveillance and undertake this if necessary. Unsurprisingly, as only about a third of salons had full or broad compliance in their management (and therefore will probably not have an adequate COSHH assessment) only about a quarter of salons had full or broad compliance with health surveillance requirements.

The management of risk covers the identification of main risks and implementing the necessary steps to control the risks to health. This needs to be undertaken by a competent individual with knowledge of the relevant health and safety standards. Just over half of the salons had full or broad compliance with the management of risk, but again, this was not surprising as only two fifths of senior salon staff understood COSHH assessments. This suggests that senior staff within the hairdressing and nail salon industry do have some knowledge of the risks to health in their industry and have taken measures to control these risks. However, this is not always done in a systematic way and there was little knowledge of the principles of COSHH assessments. Further advice and awareness-raising initiatives could be directed at this industry, including suppliers of products, to improve the knowledge and implementation of COSHH and ensure an adequate assessment and control of the risks to health.

On a positive note, most of the salons inspected had a well-lit, well-ventilated tidy and clean working environment.

5 RECOMMENDATIONS

5.1 RECOMMENDATIONS FOR FURTHER SCIENTIFIC AND TECHNICAL SUPPORT ACTIVITIES

- During this initiative (October 2006 to April 2007), it was observed that over four fifths of the salons inspected provided gloves. However, only roughly half of the salons who provided gloves, provided instructions or guidance on how to put on and remove gloves without contaminating the hands. This finding demonstrates that the messages about using non-latex gloves featured in the ‘Bad Hand Day?’ campaign and associated guidance (e.g. Habia dermatitis guidance for hairdressers (2007)) are important and need to be promulgated within the sector. Further support activity could include undertaking re-visits of a representative selection of salons, to check whether the correct controls have since been put in place as a result of this inspection initiative and other awareness raising initiatives.
- HSE’s ‘Bad hand day?’ campaign (November 2006) recommended the use of “Single use, all-round smooth, powder free, non-latex gloves”⁴ and the COSHH Essentials SR11 for Hairdressing recommended “powder-free vinyl gloves”. The London Borough’s inspection initiative (October 2006 to April 2007) found that over three quarters of the salons who provided gloves, provided latex gloves for their staff. This study did not ascertain if the latex gloves in use were powdered, low protein or powder-free but this highlights the need for the right messages about glove choice to be further disseminated to hairdressers, beauty salon and nail bar workers in future awareness raising campaigns and guidance. The Habia guidance booklet ‘Dermatitis and Glove Use For Hairdressers’ was published since the London inspections were completed and contains targeted advice on choosing the right glove materials. This guidance booklet was made available to hairdressers via their local authority inspection team and is available for free download from the Habia website. Re-visiting of some salons as part of further support activities could ascertain whether the correct types of gloves had since been put in place, as a result of this and other awareness-raising initiatives.
- Although dust masks are not acceptable as a control (according to the COSHH Essentials SR13 for Nail Bars), they were used in approximately half of the nail salons inspected. This suggests further awareness raising activity would be required to improve staff’s knowledge of the controls recommended for dust, odour and fumes in the COSHH Essentials SR13.
- The results of this study suggest that senior staff within the hairdressing and nail salon industry do have some knowledge of the risks to health in their industry and have been taking measures to control these risks. However, this is not always done in a systematic way and there was little knowledge of the principles of COSHH assessments. Further initiatives could be directed at this industry to improve the knowledge and implementation of COSHH and ensure an adequate assessment and control of the risks to health.
- The Occupational Health in Hair and Beauty (OHHB) London Working Group will continue to plan and coordinate further intervention work with Local Authorities. This will include awareness raising events in London (planned for 2008), which will target the specific issues raised by this report. They have identified a need to evaluate this initiative and have requested assistance from HSL.

⁴ <http://www.hse.gov.uk/hairdressing/products.htm>

6 REFERENCES

Beauty for Nails, 2006. MMA the safety issue for nails. Available online, <http://www.creativenailplace.com/Products/mma.htm>. Accessed 01.02.06

COSHH a brief guide to the Regulations: What you need to know about the Control of Substances Hazardous to Health Regulations 2002 (COSHH) Leaflet INDG136(rev3) HSE Books 2005

Cosmetic Ingredient Review Expert panel, 2002. Amended final report on the safety assessment of ethyl methacrylate. *Int J Toxicol.* 2002;21 Suppl 1:63-79.

Habia, 2007. Dermatitis and glove use for hairdressers. Available online: <http://www.habia.org/uploads/Dermatitis%20Booklet.pdf>

HSE, 2002. The Approved Supply List (Seventh edition) L129 HSE Books 2002 ISBN 0 7176 2368 8 gives classification and labelling information for several thousand commonly supplied chemicals.

Health and Safety Executive. (2002a) Occupational exposure limits 2002 (EH40/2002). London: HSE Books.

Health and Safety Executive. (2002b) EH64 summary criteria for occupational exposure limits. London: HSE Books. ISBN 0717623726, 2002 supplement.

HSE, 2005. Personal Protective Equipment at Work Regulations 1992. Guidance on Regulations L25 HSE Books 2005 ISBN 0 7176 6139 3

Health and Safety Executive (2006) SR13 COSHH essentials, Nail Bars. Available online <http://www.hse.gov.uk/pubns/guidance/sr13.pdf>

Health and Safety Executive (2005) SR11 COSHH essentials, Hairdressing. Available online <http://www.hse.gov.uk/pubns/guidance/sr11.pdf>

Hiipakka D, Samimi B. Exposure of acrylic fingernail sculptors to organic vapors and Methacrylate dusts. *Am Ind Hyg Assoc.* 1987 J.48(3):230-7.

Moscato G, Galdi E. Asthma and hairdressers. *Curr Opin Allergy Clin Immunol.* 2006 Apr;6(2):91-5.

Moscato G, Pignatti P, Yacoub MR, Romano C, Spezia S, Perfetti L. Occupational asthma and occupational rhinitis in hairdressers. *Chest.* 2005 Nov;128(5):3590-8.

Perkins JB, Farrow A. Prevalence of occupational hand dermatitis in U.K. hairdressers. *Int J Occup Environ Health.* 2005 Jul-Sep;11(3):289-93. !!

!

Spencer AB, Estill CF, McCammon JB, Mickelsen RL, Johnston OE. Control of ethyl methacrylate exposures during the application of artificial fingernails. *Am Ind Hyg Assoc J.* 1997 Mar;58(3):214-8. !

The Chemicals (Hazard Information and Packaging for Supply) Regulations 2002 SI2002 No 1689

7 APPENDICES

APPENDIX 1: GENERAL HEALTH & SAFETY MANAGEMENT CHECKLIST

	Y	N	N/A	Comments
Health & Safety Policy				
1				Is there an up to date document for health and safety, showing responsibilities, lines of communication, etc? What is ITS date?
2				Does it contain detailed safe working procedures and health & safety instructions?
3				Is there a Health & Safety Poster displayed with the correct contact details for the H&S Enforcing Authority on it?
4				Is the Health & Safety information communicated to staff?
Insurance				
5				Does the business have Employers' Liability Insurance?
6				Does the business have Public Liability Insurance?
Risk Assessment				
7				Have risk assessments been completed?
8				Have risk assessments been recorded (required if there are five or more staff working at the premises)?
9				Are the risk assessments suitable and sufficient?
10				Have all significant hazards been assessed and recorded?
11				Have appropriate control measures been identified?
12				If YES, what are these?
13				Are control measures being implemented and are they monitored?
Accidents & RIDDOR				
14				Is the business aware of the requirements of RIDDOR to report specific accidents and cases of work-related ill health?
15				Is there an Accident Book and are any of the entries reportable under RIDDOR?
16				If YES, were they duly notified? ⁵
First Aid				
17				Is there a first aider or an appointed person?
18				Is there a properly stocked first aid box available?
Training				
19				What is the minimum level which hairdressing staff are trained to? ⁶
20				What is the minimum level which nail technician staff are trained to? ²
21				What is the minimum level which beautician staff are trained to? ²
22				Does the induction of new starters and trainees into the business involve any health & safety elements?
23				If NO, how are they made aware of basic health & safety?
24				Has the business or local management had any help with providing health & safety training for staff?
25				If YES, who provided this training and when?
Workplace Environment				
26				Is the floor easily cleanable?

⁵ Check premises files and databases in advance of visit and take details out on site if any previous RIDDOR notifications

⁶ It is expected that hairdressers are trained to NVQ Level whereas general beauticians will be trained to a wide variety of levels from NVQ to merely a manufacturers/suppliers own training course but many LAs are requiring NVQ Level 3 for nail work too under MST Licensing

27	Can all surfaces be kept clean easily?				
28	Is ventilation suitable and sufficient to maintain a comfortable working environment? ⁷				
29	Are single-use disposable towels used on the work area and disposed of after each client?				
30	Are lidded metal bins with liners used?				
31	Is there any evidence of dust build up - e.g. on nail stations				
32	Are arrangements in place for disposal of contaminated waste (e.g. with blood/body fluids) and sharps? ⁸				
33	Is there a suitable area for washing equipment?				
34	Are arrangements in place for effectively cleaning, disinfecting and sterilising contaminated equipment that is not disposable/single-use?				
35	Are there effective measures in place for dealing with spillages?				
36	Is vacuuming rather than brushing used to clean the floor up?				
Fire Safety					
37	Has a fire Risk Assessment been carried out by a competent person? ⁹				
38	Are fire extinguishers provided and suitably situated?				
39	Are they tested and maintained regularly				
40	Are all fire exits clearly marked and unblocked/unlocked?				
Electricity At Work ¹⁰					
41	Is there a regime for maintaining the fixed electrical installation? ¹¹				
42	When was the last examination?				
43	Is the certificate available on site?				
44	Is there a regime for routinely testing portable electrical equipment?				
45	When were they last examined?				
46	Are the certificates available on site?				

⁷ 5 -10 fresh air changes per hour with a through draft

⁸ Contaminated waste is soiled with blood or other bodily fluids. This must be disposed of in a separate closed bin lined with a yellow medical bin liner and collected by the council to be disposed of in controlled conditions. Sharps (e.g. needles) must be placed in a specific yellow sharps box and disposed of in the same way. The generation of contaminated waste in salons is dependent on the type of services offered.

⁹ From the 1st October 2006 all business are required to have carried out a Fire Risk Assessment under the Management Regs 1999 as amended.

¹⁰ If this is an MST Licensed premises, then electrical certification should have been submitted annually as part of their licence application

¹¹ This should generally be done by a qualified electrician every 5 years

7.1 APPENDIX 2: INSPECTION CHECKLIST OF DERMATITIS & ASTHMA / RESPIRATORY ISSUES IN HAIRDRESSERS AND NAIL BARS AND BEAUTY ESTABLISHMENTS

This checklist was designed by the London Occupational Health Working Group and the Health and Safety Laboratory to assist local authority inspectors with FIT3 inspections of these types of premises. It is specifically targeted at raising awareness about good practice regarding potential skin and respiratory health risks for workers in the hairdressing and nail bars industries.

The questions below are not intended to be asked directly to the duty holder. Instead, the answers should be interpreted from the inspector's usual method and style of making enquiries.

A. COSHH

	Y	N	N/A	Comments
General Requirements				
A.1				Does the business keep a list of the hairdressing and beauty products that they use and record which of these products are potentially hazardous to human health? ¹²
A.2				Do the senior staff understand about the main risks to employee health associated with the use of these products?
A.3				Do the senior staff understand about COSHH assessments, and can they provide evidence of assessments they have completed?
A.4				Does the business keep any written procedures on how to control exposure to those hairdressing and nail bar products that are hazardous to health?
A.5				Do the senior staff understand what MSDS are for? ¹
A.6				Does the business have steps in place to control the risk to health from hazardous products used by their staff?
A.7				If YES, are these procedures sufficient to reduce the risks staff and clients to an acceptable level?
A.8				Are hairdressing/beauty products stored and mixed appropriately?
A.9				Are used and un-used products/chemicals disposed of appropriately?
A.10				Do they consider the possible associated health risks when buying a new hairdressing/nail bar product?

¹² It is good practice for businesses to request Material Safety Data Sheets (MSDS) from wholesalers/suppliers. However, it may not always be possible to obtain these.

Client Care						
A.11 Prior to their treatment, are clients asked about whether they have previously suffered skin allergy? If so is this information recorded?						
A.12 Does the business have a procedure for dealing with a client who has an infection or other medical condition which may be affected by the treatment?						
A.13 Are clients provided with information on aftercare?						
Employee Care ¹³						
A.14 Have employees been trained and made aware of the health hazards associated with carrying out their work?						
A.15 Do employees take suitable and sufficient precautions to protect both themselves and clients?						
A.16 Does anyone check that the employees follow health & safety procedures and that they implement their health & safety training?						
A.17 Does the business carry out pre-employment health screening for dermatitis or asthma/respiratory conditions?						
A.18 If YES, how is this done and who carries it out the screening?						
A.19 If an employee has asthma or a skin condition are appropriate steps taken to reduce their exposure to products that aggravate their condition?						
A.20 Does the salon have a system for checking employees' skin for symptoms of dermatitis ¹⁴						
A.21 Does the management conduct return to work interviews after periods of sickness absence to assess whether or not the absence was related to their work?						

¹³ Officers may wish to promote the services of Workplace Health Connect: www.workplacehealthconnect.co.uk, 0845 609 6006

¹⁴ Some hairdressing businesses carry out regular "hand inspections" every 3-6 months. See HSE's skin checks for dermatitis poster <http://www.hse.gov.uk/skin/posters/dermatitis.pdf>

B. DERMATITIS

	Y	N	N/A	Comments
B.1 Has management put in place task rotation to reduce individual exposure to products/chemicals and wet working?				
B.2 Are gloves provided by the business for all work involving products/chemicals/wet work?				
B.3 If YES, are gloves provided on a personal and single-use only basis?				
B.4 If YES, what are the name and type of gloves?				
B.5 If NO, what are the reasons for not providing gloves?				
B.6 If gloves are provided, does management provide instructions, guidance, or help on how to put on and take off gloves without contaminating the hand with chemical products?				
B.7 Is there evidence that these gloves are actually being used? Is there evidence of them in waste bins, etc.?				
B.8 Are hot & cold running water facilities readily available for all employees (can include hair-washing sinks and those for employees)?				
B.9 Are hand-cleaning products - e.g. liquid soap – provided for employees?				
B.10 Are good quality, soft, clean towels provided in the wash area?				
B.11 Are skin care creams provided for employee use?				
B.12 (For Nail Treatments only) Are the client's and employee's hands cleaned before treatment?				
B.13 Are anti-bacterial hand-gels and sanitisers used? (note: these types of products are often alcohol-based and may aggravate sensitive skin)				
B.14 Are permanent hair-dye products containing PPD (para-phenylenediamine) used? (Hairdressing only)				
B.15 Are products containing persulphate salts used? (Hairdressing only)				

C. RESPIRATORY ISSUES

	Y	N	N/A	Comments
General				
C.1 Do any employees suffer from asthma and/or persistent wheeze and have these employees found it difficult to work with particular products that they use? ¹⁵				
C.2 If YES, what actions have been taken to manage the situation and prevent it being aggravated in the workplace?				

Nail Work only (leave blank if premises doesn't provide nail services)				
C.3 Are treatment tables wiped clean between clients?				
C.4 Do you use make-up brushes for dusting down equipment? ¹⁶				
C.5 Are single use, sterile instruments used whenever possible?				
C.6 Is non-disposable equipment effectively cleaned, disinfected and/or sterilised between clients? ¹⁷				
C.7 Does the business use an autoclave?				
C.8 Do employees wear a disposable dust mask when carrying out nail services? ¹⁸				
C.9 Are containers that aren't being used kept closed thus reducing exposure?				
C.10 Are ventilated treatment tables used which vents to the outside? ¹⁹				
C.11 If NO, what ventilation is use – i.e. another form of local exhaust ventilation used and does this vent to the outside?				
C.12 If filters are used in ventilation units, how often are these changed?				
C.13 What method of nail preparation is used? Buffing? Filing? Machining? ²⁰				

¹⁵ The classic symptoms of asthma are wheeze, chest tightness, cough and shortness of breath

¹⁶ It is common practice where nail work is carried out for table and equipment to be dusted down" between each customer using fine-haired make-up type brushes

¹⁷ Cleaning is the physical process, which removes soil, dust, dirt and organic matter from an instrument. Cleaning is essential before disinfection or sterilisation of instruments and equipment. For the purposes of beauty treatments, all surfaces (e.g. metal re-usable implements, re-usable abrasives and work surfaces) must be disinfected between services. Disinfection will destroy most micro-organisms. In the scope of beauty treatments; disinfection is a sufficient level of pathogen control when skin is not cut or broken. Sterilisation, using an auto-clave, completely destroys all living organisms on an instrument. Sterilisation may only be performed on metal implements and is unnecessary for nail services unless the skin has been cut or pierced which is when the risk of cross infection is at its highest. Using single-use disposable equipment and sterilising equipment or both will significantly reduce cross-infection risks.

¹⁸ Masks are not a recommended substitute for good ventilation. They do not protect against fume inhalation. If dust masks are considered necessary they must (i) provide adequate protection (ii) fit properly (iii) be compatible with other protective equipment worn at the same time.

¹⁹ This is not necessarily the best way in which to control airborne dusts as the only really effective control is to reduce their occurrence at source through using techniques which do no create dust or if unavoidable, then very little.

²⁰ Salons should avoid using electric nail files on a client's natural nails;

C.14	Are electric nail 'drills' used?				
C.15	If YES, is use restricted to filing artificial nails only, not natural nails?				
C.16	What type of nail extension system is used? uv-nails? powder/acrylic nails? silk wraps?				
C.17	Do they contain EMA ²¹ ?				
C.18	Do they contain MMA? ²²				
C.19	What protective equipment is used when employees are using EMA / MMA? (e.g. gloves, LEV)				
C.20	Are the smallest possible containers and brushes used when using EMA / MMA - e.g. containers with narrow openings and thin brushes?				

²¹ EMA :Ethyl methacrylate. If contained in a product EMA/MMA should be listed on the MSDS and/or product label.

²² MMA: Methyl methacrylate is a substance that has been banned in several US states and is regarded as poisonous and deleterious substance by the US Food and Drug Administration (FDA). Use in the UK is not recommended but no restrictions to use exist. EMA is considered a safer and better product for nail extension work as it is a less potent skin sensitising agent and is also less likely to cause damage to the natural nail plate.

D. RISK CONTROL INDICATORS – For input onto HELA website

1	2	3	4
Full compliance in areas that matter	Broad compliance in areas that matter	Some compliance in areas that matter	Limited or no compliance in areas that matter

Occupational Ill Health

	Detail	1	2	3	4
RCI					
Management system!	<ul style="list-style-type: none"> Effective organisation and arrangements including adequate COSHH assessment, provision of information, instruction, training and supervision. Evidence of management commitment and arrangements for review. 				
Control strategy !	<ul style="list-style-type: none"> Substitution considered and effected where possible. ! Adequate engineering controls provided, used, maintained, examined and tested at suitable intervals. ! Suitable PPE provided, worn and stored correctly, suitably cleaned and well maintained. ! Appropriate instruction and training in proper use of engineering controls and PPE.! 				
Health surveillance !	<ul style="list-style-type: none"> A competent person has considered the need for health surveillance and provides it for everyone at risk and it is repeated as necessary. Health records are kept. Reportable cases of occupational ill health are reported under RIDDOR. 				

Overview of Business

	Detail	1	2	3	4
RCI					
Management of Risk	<ul style="list-style-type: none"> Management enthusiastic and competent, have identified the main risks and for each one, knows the relevant health and safety standards. The necessary measures have been put in place and checks are made to see they are used properly. Evidence of effective self-regulation. 				
Working Environment	<ul style="list-style-type: none"> Workplace is well-lit, well ventilated, tidy and clean (if inspected, good welfare facilities). 				

Occupational asthma, respiratory issues and dermatitis in hairdressers and nail bars

A London Boroughs' initiative

Background and Objectives: Workers in hairdressers, beauty salons and nail bars are at potential risk of developing skin and respiratory ill health conditions if good working practices and effective exposure control methods are not applied. This inspection initiative in London focussed on HSE's priorities for preventing dermatitis and asthma caused or made worse by work. **Methods:** Between October 2006 and April 2007, Local Authority Environmental Health Practitioners inspected 205 hairdressing and nail salons and returned the inspection checklists to HSL for analysis.

Main Findings: Inspectors believed the health risks associated with the use of hair and nail products were generally understood by senior staff. Employees had been made aware of these risks and took suitable precautions to protect themselves. Approximately two fifths of the salons understood COSHH assessments, kept a list of products that they used and recorded which of these products were potentially hazardous to health. Protective gloves were used widely but only half of the salons provided instructions or guidance on how to remove gloves correctly. Over three quarters of the gloves that were provided for staff were latex. It is not known if these were low protein, powder-free. Ventilated/down draught tables were not widely used. Dust masks are not a recommended control method, yet employees in half of the nail bars that were inspected used them.

Recommendations and further scientific and technical support activities: Further support activity should be to undertake re-visits, to ascertain whether the correct controls have since been put in place as a result of this inspection initiative and other awareness raising initiatives. In particular these activities could focus on glove use and the use of effective controls for dust, odour and fumes. Further initiatives should be directed at this industry to improve knowledge and implementation of COSHH and to ensure risk assessment and application of controls is carried out more systematically. Following from these recommendations, there is a proposal for coordinated further interventions in this industry in London in 2008-2009.

This report and the work it describes were funded by the Health and Safety Executive (HSE). Its contents, including any opinions and/or conclusions expressed, are those of the authors alone and do not necessarily reflect HSE policy.

RR623