A PUBLIC SERVICE DOCUMENT

Safe Hands

A practical guide to safe nail practice in the Caribbean

Practice you can defend.
Safety you can see.

FREE · NOT FOR SALE

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Contents

> **Find it fast.** The checklist is section 33. The stop-and-refer list is section 22. The words for saying no are section 23. The pedicure protocol is section 25.

What this guide is, and what it is not

This guide is a free, practical handbook for people who work on nails. Technicians, salon owners, students, and anyone working from home. It sets out what safe practice looks like and why each part of it matters.

This guide is not:

- a law, a rule, or a regulation
- a licence, a certificate or a qualification
- medical advice, and it does not diagnose anything
- legal advice
- a substitute for the instructions that came with your products and your machines

You do not have to follow it. Nothing here is compulsory. It is general information written for a whole trade, not advice about your salon, your client or your case. We do not know your situation and we are not advising you on it.

The decisions in your salon are yours, and they stay yours. Where this guide tells you to stop and refer a client, that is a cautious professional practice, not a medical opinion about that person. A client who needs care needs a doctor, not a nail technician and not a handbook. We cannot accept responsibility for what happens in your salon.

Nothing in this guide is compulsory, and that is separate from the rules that apply to you as a business. Running a salon may require you to register the business, pay tax, and hold a local licence or permit for the premises. This guide does not cover any of that. Section 31 tells you where to ask.

It is offered because the information is useful and because, until now, it has been difficult for a working technician in this region to find it in one place.

The full terms of use and the licence are at the back of this guide.

Who wrote this, and what we sell

You should know who is talking to you before you read the rest.

Safe Hands was written by EICCIO Advisors, a compliance and business consultancy in Guyana. The people behind EICCIO Advisors are also connected to three businesses in this trade:

- **LNC Professional**, which sells professional nail products
- **NSI Nails Guyana Academy**, which sells nail training

- **Lexann's Nail Creations**, a working salon

So we have an interest in this trade, and you are entitled to weigh what we say against that.

Here is what we have done about it.

- We name no product in this guide and we recommend no supplier, including our own.
- We sell nothing in it. There is no offer, no price, no discount, no link to a shop.
- Where this guide takes a position that happens to suit one of those businesses, we say so in that section and we give you the source, so that you can check it without taking our word for it. Section 16, on monomer, is the clearest example: one of the businesses above sells products it states contain no MMA.
- Some of what is in here costs us money. Section 5 tells you that glass files and metal-core files can be cleaned and reused rather than thrown away, which means you buy fewer disposables. We put it in because it is true.
- We ask you to test everything here against the instructions in front of you and against your own experience.

If, after all that, you still read parts of this as marketing, that is a fair thing to think. We would rather you thought it with the facts in front of you than found out later.

Copy it. Share it. Print it.

You may copy this guide, print it, e-mail it, pin it up, and hand it to your staff, free. You may translate it and you may adapt it for another country. What you may not do is sell it or use it to promote a business. The full licence is at the back.

No products are named in this guide. We describe what a product must do, never which one to buy. Where you see a category, choose any product that meets the description and follow the instructions on its label.

Tell us when we are wrong. Corrections, and the current edition, at:

> **lncprosuite.com/safehands info@lncprosuite.com**

Check the address above before you rely on an old copy. A printed guide cannot correct itself, so the version on that page is always the one that counts.

Why we wrote this

If you work on nails in Guyana, three things are true. Much of what follows will also be familiar elsewhere in the Caribbean, but the rules differ from country to country and you should check your own.

There is no national licence for nail technicians in Guyana. No board tests you and no certificate is required before you may work on a client. That is not true everywhere in the region. In some Caribbean countries a technician or a salon must be licensed locally before opening, so if you are reading this outside Guyana, ask your local council or health authority what applies to you.

The national standard that covers salons is short, and it is voluntary. In Guyana it is the Guyana National Bureau of Standards code of practice for beauty salons and barber shops, GNBS GCP 6 (current designation GCP 6-2020). It is a national standard, not a law: a GNBS standard becomes compulsory only if the subject Minister declares it so, with Cabinet approval and a notice in the Official Gazette, and GCP 6 has not been declared compulsory. It covers premises and the cleaning of tools in general terms. It says almost nothing about the chemistry you handle every day, the dust and vapour you breathe, or how to tell when you should not touch a client's nail at all. It is worth reading. It is not enough on its own, and it was never meant to be the whole of a technician's practice.

Most technicians in this region taught themselves. From friends, from social media, from watching, and from practising on paying clients. That is not a criticism. It is how a whole industry got built here, and some of the best work in the region comes from technicians who never sat in a classroom.

There is plenty of good free information out there, and a lot of it comes from technicians you already follow. What has been missing is not information. It is one place where it sits together, in order, with the parts that are easy to skip put where you cannot skip them.

That is the gap this guide fills. It is the difference between the short voluntary minimum and what good professional practice actually looks like, written down and given away.

Thanks

This guide draws on the practical experience of working nail technicians, educators and salon owners across the Caribbean, and on published industry hygiene guidance and regulatory literature on nail product chemistry.

It exists because a great many people in this trade learned their craft without ever being handed this information, and were generous enough to say so.

Practitioners who review, correct and extend future editions are credited by name, for the sections they reviewed. A credit is not an endorsement of the whole guide. See the final section.

Part One: Why this matters

1 What can pass from person to person

A nail service brings your hands into contact with a client's skin and nails, often with tools that cut, file or push. Where skin is broken, even slightly, infection can pass. It can pass from client to client on a tool, or between you and a client.

These are the infections that are documented in salon settings:

Blood-borne infections. HIV, Hepatitis B and Hepatitis C. These pass through contact with blood. A nipper that has drawn blood on one client and is used on the next is the route. Section 6 tells you exactly what to do the moment blood appears.

Bacterial infections. Staphylococcus, Streptococcus and Pseudomonas. Pseudomonas is the one that produces the green stain sometimes seen under a lifted enhancement. That stain is usually a colonisation of the damp space under the product rather than a spreading infection. Appendix A explains what to do about it and when it becomes something more.

Bacteria that live in water. A group called the mycobacteria live in warm standing water and in the pipework of foot spas. They cause stubborn boils and sores on the lower leg, they can take weeks to appear after the appointment, and they are difficult to treat. **These are the infections behind the reported nail salon outbreaks**, and they are the reason section 25 is written the way it is.

Fungal infections. Athlete's foot, nail fungus and yeast infections. These are common, they are stubborn, and they spread readily in warm damp conditions, which describes both a pedicure bowl and this climate.

Warts. Viral, and passed by contact, including on a file.

None of this is a reason to be frightened of the work. All of it is a reason to decontaminate properly, which the next part of this guide explains. Every one of these routes is closed off, or cut down to a very small risk, by tools that are cleaned and decontaminated correctly and by items that are used once and thrown away. And when blood does appear, section 6 tells you what to do.

2 What the work itself can do

This section is the one most technicians have never been told, and it is the reason this guide exists.

The products you work with every day can cause harm on their own, with no infection involved at all. If you have seen any of the following and assumed it was the client's fault, or your own poor technique, it may have been neither.

Skin reactions. Hand eczema and allergic contact dermatitis. Dry, cracked, itching or weeping skin on the hands, and around the nail folds on clients. **And this is not only uncomfortable.** Cracked, damaged skin lets chemicals in far more easily than healthy skin does, which is how the irritation in this paragraph turns into the sensitisation described further down. Looking after your hands is not vanity. It is the barrier.

Chemical burns. From products used at the wrong strength, left on too long, or applied to broken skin.

Nail plate and nail bed damage. Nails that lift away from the bed, thin badly, or come off. This can be caused by product chemistry, by filing too deep, or by force at removal.

Breathing problems. Irritation of the nose, throat and chest from acrylic and lacquer fumes. Headaches at the end of a working day. **And something more than irritation:** if your chest tightens, or you wheeze, or you cough at work, and it eases at the weekend and comes back on Monday, that pattern is worth taking to a doctor. Work-related asthma can become permanent, and it is easier to deal with early.

Sensitisation. This one deserves its own explanation, because it is the least understood and the most serious for you personally. Sensitisation means your body learns to react to a substance. It builds up quietly over months or years of exposure. Then one day you develop a reaction, and from that point on you react every time, at lower and lower exposures. It does not wear off. Technicians have had to leave the trade because of it.

Who carries which risk. A client is exposed for one appointment. **You are exposed for a career.** Every hour of every working day, for years. That is why the sections on ventilation, extraction and personal protection in this guide are written for your benefit before the client's.

Part Two: Cleaning, properly

3 The three levels: the most important page in this guide

Most people use the words cleaning, sanitising, disinfecting and sterilising as though they mean the same thing. **They do not.** They describe three different levels of decontamination, and using the wrong one is the single most common mistake in this industry.

Decontamination is the word for all three together: everything you do to make an item or a surface safe to use again.

Here is the difference.

Cleaning: removes dirt, and removes some germs with it

The first level. Washing with soap or detergent and water. Dusting, sweeping, wiping.

Cleaning physically removes dirt, oil, dust, skin and product debris. It reduces the number of germs, mostly by washing them away, but it does not kill most of them. You may see this level called "sanitising", particularly in American training material.

Cleaning is never enough on its own for anything that touches a client. But it must always come first, because disinfectants and sterilisers cannot work through a layer of dirt or oil.

Disinfecting: kills most germs

The second level. A chemical product applied to a surface or an item, left for the time stated on its label, then removed.

Disinfectants come in two broad families, alcohol-based and bleach-based, and in three formats: concentrate, ready-made spray, and wipes.

The two rules that decide whether a disinfectant works:

Clean it first. A disinfectant applied over dirt disinfects the dirt.

Leave it wet for the full contact time stated on the label. This is the mistake almost everyone makes. Spray-and-wipe does nothing. The product needs to sit on the surface, wet, for the period the

manufacturer specifies. If the label says the surface must stay wet for a number of minutes, that is the instruction, and wiping it dry after ten seconds means you have cleaned rather than disinfected.

Sterilising: kills all germs

The highest level. Used for metal, non-electrical tools and implements.

Sterilising is what you need for anything that could touch broken skin or draw blood. Nippers, cuticle pushers, scissors, tweezers.

Sterilising also requires cleaning first. Blood, skin and product residue protect germs from the process.

One honest note about these three levels

We have simplified. In hospitals, and in the international standards this trade borrows from, the picture has more steps: cleaning first, then disinfection at a **low, intermediate or high** level depending on what the product is proved to kill, and then sterilisation. Items are graded by the contact they make: things that only touch unbroken skin, things that touch broken skin, and things that could draw blood.

We have collapsed that into three levels because three is what you can hold in your head at a busy station, and because for nail work the three-level version gets you to the same answer. If you go on to formal training, or read hospital guidance, you will meet the longer version, and nothing here contradicts it.

The principle underneath the table below is simple: the level you need is decided by what the item touches. Touches clean skin only, disinfect. Could touch broken skin or draw blood, sterilise.

Which level for which item

Everything in this table is cleaned first. Cleaning is not one of the options, it is the step before all of them.

ITEM	LEVEL REQUIRED
Metal implements that cut, push or nip: nippers, cuticle scissors, tweezers, pushers	Clean, then **sterilise**
Metal implements with no skin contact	Clean, then disinfect, at minimum
Electric file bits: carbide, diamond, ceramic, metal	Clean, then **sterilise** between clients
Sanding bands and abrasive caps	**Single use. Throw them away.** They are abrasive and porous, exactly like a file
Paper, emery and foam files and buffers	**Single use. Throw them away.**
Metal-core file bases with a replaceable abrasive strip	Strip is single use. Base is a metal implement: clean, then disinfect or sterilise
Glass or crystal files	Non-porous. Clean, then disinfect. Discard if chipped, cracked or badly scratched
Orangewood sticks, wooden pushers, cotton, wipes, spatulas, applicators	**Single use. Throw them away.**
Toe separators, foam items, pumice, foot paddles, sponges, pedicure liners	**Single use. Throw them away.**
Pedicure bowl or spa, including screens, filters and removable parts	Clean and disinfect between every client. Deeper clean, circulated through the system, at end of day. See section 25
Work surfaces, arm rests, foot rests, client chair, lamp handles	Clean, then disinfect between clients. Surfaces must be non-porous

ITEM	LEVEL REQUIRED
Electrical equipment casings	Unplugged and cool. Clean, then wipe with an appropriate disinfectant
Towels and linen	Wash hot with detergent. Store clean and covered. See section 29
Anything blood-contaminated	See section 6
Your hands	Wash with soap and running water when they are dirty, after gloves, and after any blood. Otherwise use an alcohol rub on clean hands. See section 10

4 Sterilising in practice, and what does not sterilise

Two methods sterilise. Two methods that are commonly believed to sterilise do not. The difference matters most for the exact tool where it matters most: a nipper that has drawn blood.

The two methods that sterilise

Autoclave. Pressurised steam. This is the most reliable method available to a salon and it is the benchmark. Clean and dry the instruments first. Where your machine and its instructions call for pouches, pouch them, and leave them in the sealed pouch until you use them. Run the correct cycle for the load, and the cycle is the one the manufacturer of your machine specifies. Follow that, not a figure you were told by someone else.

Dry heat cabinet. Genuine dry heat sterilisation works, and it depends entirely on running the manufacturer's stated cycle. Be careful what you have bought. A great many cabinets sold to salons as "sterilisers" are warming or storage cabinets that never reach a sterilising temperature. **If the unit's own instructions do not state a sterilising cycle, it is not a steriliser, whatever is printed on the box.**

Knowing that it worked

Sterilisation is a process whose result you cannot see, so it has to be checked.

- **The tape or the indicator on the pouch tells you a pack went through a cycle. It does not tell you the cycle worked.** This is the point most salons get wrong.
- **A spore test is the only check that shows the machine is actually sterilising.** Do it at the interval your machine's manufacturer states.
- **Keep a written record**, with dates, of every service, repair and test. See section 30.
- If a cycle fails, or the machine has been repaired, everything processed since the last good result is treated as not sterile. Do it again.

Two things that do not sterilise

Both of these are useful. Neither of them is sterilisation, and neither of them is enough for an implement that could break skin or draw blood.

Chemical immersion is disinfection, not sterilisation. Tools fully submerged in a solution, in a closed container, for the full time stated on the product label. Fully submerged means fully. A handle sticking out of the liquid is not being treated. Clean the tool first, because a disinfectant applied over dirt disinfects the dirt.

Immersion is the right answer for metal implements that do not break skin. **It is not a substitute for an autoclave for anything that cuts, nips or could draw blood.** If you cannot sterilise an implement that draws blood, then that implement is single use: use it once and dispose of it in a puncture-proof container.

A UV cabinet is a storage box, not a steriliser. It is widely sold as a steriliser and it is not one. Here is why, and none of it can be fixed by using it more carefully:

- UV light only treats the surface it actually strikes. The inside of a nipper's jaw, a box joint, a hinge, a spring channel and a serrated edge are shadowed by the tool's own shape even when you open it and space it out.
- Any trace of oil, skin, dust or product shields whatever is underneath it. UV does not go through dirt.
- The lamp's strength falls over time and there is usually nothing on the cabinet to tell you whether it is still working. **A lamp that still glows is not proof that it is still killing anything.**

Use a UV cabinet for what it is good for: somewhere clean, closed and dust-free to keep implements you have **already** cleaned and then disinfected or sterilised. Never use it as the decontamination step itself.

In every case

Follow the instructions supplied with your equipment and your solutions. Contact times and cycles differ between products and machines, and the manufacturer's figure is the one that applies to yours.

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5 Single use means single use

Some items cannot be decontaminated at all, no matter what you do to them.

Files and buffers, the ordinary kind. A paper or emery abrasive on a card or foam core, and a foam buffer block, cannot be decontaminated. The surface is abrasive and porous. It holds skin, dust and moisture inside a structure you cannot reach. It cannot be disinfected and it cannot be sterilised. It can only be thrown away.

Two exceptions, and they will save you money.

A metal-core file is a stainless steel or aluminium base to which you stick a disposable abrasive strip. The strip is single use, every time. The base is a metal implement: clean it, then disinfect or sterilise it like any other. The same is true of a stainless steel foot file that takes a disposable abrasive sheet.

A glass or crystal file is tempered glass. It is not porous, it has no seams, and there is nothing in it for anything to soak into. Wash it and disinfect it like any other non-porous item, following the file manufacturer's own instructions. **Throw it away the moment it is chipped, cracked or badly scratched**, because at that point the surface is no longer smooth and no longer safe.

Everything below is single use.

- **Sanding bands and abrasive caps** for the electric file. Same material as a file. This is the item most often reused in this trade and it should not be.
- **Orangewood sticks and wooden pushers.** Wood is porous.
- **Toe separators, foam and fabric items, pumice stones, foot paddles and natural sponges.** All porous.
- **Pedicure liners.**
- **Cotton, wipes, gauze, applicators and spatulas.** Never return a used spatula to a pot and never dip twice.
- **Gloves and masks.**
- **Disposable blades.** One client, then disposed of safely in a container that cannot be pierced.

This is the part that costs money, and it is the part most often skipped. A file used on a client with a fungal infection and then used on the next client is the single clearest route for spreading that infection, and it is entirely avoidable.

If you truly cannot buy a new file every time

The standard is a new file for every client. If you cannot do that yet, a file kept for one client only is better than a file shared between clients. Be clear with yourself about what that is: it is a step towards the standard, not the standard itself.

Four rules make it work:

- **One name, one person.** Write the client's name on it and use it only on them. Not their sister, not their daughter, not the friend who came in with them. Family are not the same person.
- **Dry, labelled, and not sealed in plastic.** A used file still holds skin, dust and moisture. Sealed damp in a bag, in this climate, it is not being stored, it is being incubated. Keep it dry, in a breathable named pouch or a labelled open compartment, apart from your clean tools.
- **Keep it in the salon.** Do not send it home. Once it leaves you have no idea who used it, on what, or in what condition it comes back, and you will not inspect it before the next set.
- **Throw it away** when the abrasive is worn or loaded, on a set schedule rather than when it looks bad, and immediately if the client reports any infection. From that point it is a reservoir that will keep reinfecting them.

Never use a personal file on a client showing any of the signs in section 22.

A named file is not a decontaminated file. It is a file that only ever touches one person. That is what makes it acceptable, and it is the only thing that makes it acceptable.

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6 If there is blood

It happens to everyone who does this work. A nipper catches a live edge, a file runs over a sidewall, a client moves. The question is not whether it will happen. The question is what you do in the next two minutes.

Section 1 told you that HIV, hepatitis B and hepatitis C travel in blood, and that a used implement is the route. This section is how you close that route.

Keep within arm's reach of your station, always: disposable gloves, clean single-use gauze or cotton, plasters or dressings, a **single-use** product for stopping bleeding, a puncture-proof sharps container, and a bin with a lid.

If the client bleeds

1. **Stop the service on that nail.** Do not carry on and do not finish "just this one".
2. **Tell the client what has happened**, calmly. People handle that far better than they handle you saying nothing.
3. **Put gloves on**, both hands, before you touch the blood. Not after.
4. **Apply gentle pressure** with clean single-use gauze or cotton until the bleeding stops.
5. **Use only a single-use product to stop the bleeding. Never use a shared styptic pencil, a shared alum block, or a shared pot of powder on broken skin.** Anything that touches one person's blood and then touches another person's blood is doing exactly what a used nipper does. If you use a liquid or powder, decant or dispense what you need without the applicator touching the skin, and throw away what you decanted.

6. **Cover it** with a clean plaster or dressing.
7. **Do not go back to that nail today.** Finish the other nails if the client wants, or rebook.

Then deal with everything the blood touched

8. **The implement.** Set it aside on its own, away from your clean tools. Clean it and then **sterilise** it before it is used again. **If you cannot sterilise it, throw it away** in the sharps container. A disposable blade goes straight into the sharps container. Never wipe an implement and carry on with the next client.
9. **Files, buffers, sanding bands, cotton and wipes.** Everything single-use that has blood on it goes into a sealed bag and then into the lidded bin. Anything sharp goes into the puncture-proof container.
10. **The surface.** Still gloved, clean the station, the armrest and anything else the blood reached, then disinfect it, leaving the product wet for its full contact time. Use a disinfectant whose label states it is effective against blood-borne viruses. If your usual product does not say so, keep one that does.
11. **Linen.** Blood-stained towels go into a separate, clearly marked bag and are washed separately. Do not shake them.
12. **Take the gloves off last, and wash your hands** with soap and running water afterwards, not just an alcohol rub.

If you cut yourself

1. **Stop and step away from the client.**
2. **Take your gloves off** and hold the cut under clean running water. Let it bleed gently. **Do not scrub it and do not put it in your mouth.**
3. **Dry it and cover it with a waterproof dressing.**
4. **Put on fresh gloves** before you go anywhere near the client again, and keep the cut covered for the rest of the day.
5. **If the client's blood got into your cut, your eyes or your mouth, or if you were cut by an implement that had their blood on it, get medical advice the same day.** There are things a doctor can do quickly after an exposure that cannot be done later. This is not a reason to panic. It is a reason to go.

Write it down, every time

In your incident notes, on the day it happens: the date, the client, what happened, which nail, which implement, what you did with that implement afterwards, and what you said. Section 30 explains why. In any dispute, a dated note written on the day is a completely different thing from a memory.

What to tell the client

Tell them to keep it clean and covered, and to contact you and see a doctor if it becomes painful, hot, swollen, or starts to discharge. Do not diagnose anything and do not offer a treatment.

One thing worth asking your own doctor

Hepatitis B can be vaccinated against. If your work regularly draws blood, that is a conversation worth having with your own doctor or health centre. We are not giving medical advice and we are not telling you what to do. We are telling you the conversation exists, because most people in this trade have never been told.

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7 Warning: things that catch fire

Many of the products in a nail salon are highly flammable. Disinfectants, sterilising solutions, monomer, acetone and many removers.

- No open flame in the salon. No candles, no incense, no lighters.
- **No smoking and no vaping**, inside or in the doorway, by staff or by clients.
- Do not spray near electrical points or switches.
- Unplug electrical appliances and let them cool before you spray or wipe them.
- Keep lids closed. An open bottle of solvent releases vapour continuously.
- Store away from heat and direct sunlight.
- **Keep only what you are using on the bench.** Bulk acetone and monomer live closed, cool, out of the sun, and not blocking the way out. Not under a sink next to a heater, and not on a shelf above electrics.
- **Do not overload sockets.** A row of adaptors under a table carrying acetone, a lamp, an extraction unit and a dryer is the most likely way a nail salon catches fire.
- **Nail dust burns.** Do not clear it with an ordinary household vacuum.
- **Used wipes go into a bin with a lid that closes, and out of the building at the end of the day**, not into a corner.
- **A fire extinguisher, suitable for flammable liquids and safe on live electrical equipment.** Put it on the way out, not at the back of the room, and make sure everybody who works there knows where it is and how to use it. Your national fire service will tell you which type suits your premises, where to site it, and how often it must be serviced. It is a short phone call and they are used to the question.
- **If there is a fire:** get everyone out first. Do not throw water on burning solvent.

Part Three: Your workstation

8 Dust and vapour are the nail industry's problem

This is where nail work differs from every other salon service, and it is why a general salon guide does not cover what you need.

When you file, you produce fine dust. When you work with liquid and powder systems, you release vapour. Both are produced **at the point where you are working**, which is directly under your face and your client's.

An open window helps the room. It does not help your face. Neither does a ceiling fan, which mostly moves dust around and redistributes it.

What actually works is capture at the source. Extraction at the workstation itself, drawing dust and vapour away from you and the client before either of you breathes it. A downdraught table, or an extraction unit positioned at the point of work.

If you cannot obtain source extraction, then in order of usefulness:

1. Position the work so that air moves away from your face, not across it.
2. Ventilate the room properly, with air moving through rather than circulating.
3. Wear a mask rated for fine particles. **Understand exactly what it does.** A particulate mask filters dust. It does **nothing** for solvent vapour, whatever it costs and whatever it is rated: vapour passes straight through the filter. Filtering vapour needs a different thing entirely, a respirator with an organic-vapour cartridge, and those cartridges expire, have to be changed on a schedule rather than when you start to smell something, and have to be stored sealed. Any close-fitting mask or respirator also needs to seal against your face, and it will not seal over a beard. **The reason you cannot solve vapour with a mask is exactly the reason the extraction and the lids are not optional.**
4. Take breaks out of the room.

Keep the lid on. Most vapour in a nail salon comes from open containers rather than from the work itself. Closed dappen dishes, closed bottles, and a lidded bin for used wipes and cotton will make more difference to the air you breathe than anything else on this list.

Extraction has a filter, and filters fill up. A source-capture unit with a filter that has never been changed is a fan. Change it when the manufacturer says to. And check where the unit puts the air it takes: not back into the room, not into the client's face, not into the shop next door.

Never blow dust. Not with your mouth, not with a puffer, not with compressed air. Blowing puts the dust straight into two people's faces. Wipe it or extract it.

Your client breathes this too. They are only there for an hour, but if that client is pregnant, or asthmatic, or a child, that hour matters. A sealed air-conditioned room with no extraction is worse for them than an open one.

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9 Setting up the station

- **Hard, non-porous, washable surfaces.** Anything absorbent cannot be disinfected. **This includes the chair, the armrest and the footrest, not only the table.** Fabric cannot be disinfected. Vinyl or a wipeable cover can.
- **Clear the surface between clients.** You cannot disinfect around clutter.
- **Store products upright, closed, out of direct sunlight and away from heat.**
- **Label everything you decant.** An unlabelled bottle is a hazard. You cannot follow the safety instructions for a product you cannot identify, and neither can anyone who has to help you in an emergency.
- **A lidded bin, emptied daily.** Used wipes holding solvent continue to release vapour.
- **Separate clean tools from used tools**, visibly and physically. Two containers, never one.
- **Good light.** You cannot see what you are not looking at properly, and most of the signs in this guide are visual.
- **A hand washing point you can actually reach**, with soap and single-use drying. If the only sink is in the lavatory, that is a problem worth solving.
- **Gloves, a first-aid kit and a puncture-proof sharps container within arm's reach**, not in a cupboard in another room. See section 6.
- **Nothing goes in your mouth.** No food, no drink, no chewing gum, no vaping at the workstation. Dust settles on everything, including the cup. Wash your hands before you eat and eat somewhere else. And never hold a brush, a tip or a bit in your mouth.

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10 Protecting yourself

Gloves. For services involving cuticle work, skin removal or chemicals. Change them between clients, always. Nitrile rather than latex, and never powdered: latex can cause an allergy of its own.

Understand what a glove does and what it does not do. A glove is a very good barrier against germs, blood, disinfectants and general soiling. It is **not** a barrier against monomer or uncured gel for any length of time. Acrylates pass through ordinary gloves in minutes, and once monomer is inside the glove it sits trapped against warm skin for the rest of the appointment. **A glove with product on it is worse than no glove at all.**

So: **if uncured product gets on a glove, change it then, not at the end of the client.** And do not let gloves make you relaxed about product on skin. Keeping product off the skin in the first place is the protection. The glove is not.

Eye protection. During filing and especially during electric file work. Fragments travel further and faster than people expect.

A mask. Choose one rated for fine particles rather than a loose surgical mask, which is designed to stop droplets going out rather than fine dust coming in. Understand its limits, which are set out in section 8: a dust mask does very little against solvent vapour, which is a reason to fix ventilation rather than rely on the mask.

Your own hands

Choose one, do not do both every time.

Wash with soap and running water when your hands are visibly dirty, after you take gloves off, after any contact with blood, after the lavatory, and before you eat.

Use an alcohol rub at other times, on hands that are already visibly clean, including before and after each client.

Doing both, all day, every client, is not better. It strips your skin, and alcohol applied to wet hands is diluted alcohol.

How to wash. Wet first, then soap, and work it over every surface for at least as long as it takes you to do it properly rather than quickly. **The places everyone misses are the same four every time: thumbs, fingertips, the skin around your own nails, and between your fingers.** Rinse, and **dry thoroughly** with a single-use paper towel or a clean towel used once. Damp hands pick up and pass on far more than dry hands. Never a shared hanging cloth.

How to use an alcohol rub. Enough to wet both hands completely, worked over every surface, thumbs and fingertips included, **until your hands are dry**. Do not wipe it off and do not shake your hands to speed it up. If you cut it short, you have not done it.

Check the percentage on the bottle. A hand rub needs enough alcohol in it to work. Public health guidance, including the United States Centers for Disease Control and Prevention, is **at least 60% alcohol**. A great deal of what is sold as sanitiser is below that, and the only way to tell is to read the label.

Alcohol is not the answer to everything. It does poorly against some germs and it does nothing through dirt. Whenever there is anything you can see on your hands, wash them.

Rings and jewellery. Rings, especially with stones and settings, and watches and bracelets, hold moisture and germs underneath them and get in the way of washing your hands properly. **Take them off for the working day.** A plain band is the most anyone should be wearing at the station.

Your own nails. In hospitals, staff in direct patient contact are told not to wear nail enhancements at all, because long and artificial nails carry more bacteria and yeasts than short natural ones. We know what we are asking in this trade, and we are not going to tell a nail technician not to wear nails. So here is the rule that actually matters: **keep them short, smooth, intact and not lifting.** A lifted edge is a sealed pocket that washing does not reach and an alcohol rub cannot get into. A chipped or rough surface holds dirt. **If your own enhancement lifts, fix it or take it off. Do not work around it.**

Look after your skin. Moisturise through the day, not only at the end of it. Cracked skin on your hands is an entry point for infection and a place where product sits against you. If your hands are cracked or broken, cover them and wear gloves.

Never clean product off your skin with acetone or monomer. It strips the skin and drives the chemical in. Soap and water.

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11 Looking after your body

The chemistry is not the only thing that ends careers in this trade. Necks, shoulders, wrists and thumbs do too, and they go quietly over years.

Set the height before you set the nail. Your forearms should rest supported, at about elbow height, with your shoulders down. If you are hunching forward and looking down at a sharp angle, the table is too low or the client's hand is too far away.

Bring the work to you. Raise the client's hand on a cushion or an armrest rather than lowering your head to it. You will spend eight hours in whichever position you choose.

A stool with a back, and adjustable. A dining chair is not a working chair.

Keep your wrists straight rather than bent up or over.

Break the grip. Holding a fine pinch grip for an hour is what damages thumbs. Put the brush down, open the hand, shake it out, every few minutes.

Take the small breaks between clients and change position. Mixing services through the day is better than six of the same in a row.

Numbness, tingling, pins and needles, or pain that wakes you up are not normal and are not something to work through. These conditions are treatable early and much harder later. See a doctor while it is still early.

12 The lamp and your hands

Every time you cure, the lamp shines on the skin on the back of the client's hands, and on yours if they are in the way. A client has that exposure a few times a month. You have it every day for years.

Expert opinion on the risk from nail lamps is not settled, and the balance of evidence is that the risk from any one manicure is low. But the exposure is easy to avoid and there is no cost to avoiding it.

- Apply a broad-spectrum sunscreen to the client's hands before curing, or use fingerless UV-protective gloves.
- Keep your own hands out of the lamp.
- Do not stare into it.
- If a client is on medication that makes their skin sensitive to light, that is a reason to ask before you cure. It is one of the reasons section 20 asks about medication.

13 Heat, humidity and the air conditioning

This is the part a guide written in England will never tell you.

Air conditioning and ventilation pull against each other. The sealed cold room is the badly ventilated room, and the reason so many salons here have no fresh air at all is that fresh air is expensive to cool. That is a real trade-off and pretending otherwise helps nobody. The answer is source extraction, because it removes the dust and vapour without you having to open the building.

Heat makes solvent evaporate faster. Every open bottle in this climate releases more than the same bottle would in a cold country. Lids matter more here, not less.

Gloves in this heat are hot, which is one reason people skip them. Change them often rather than wearing one pair for hours, and dry your hands properly in between.

Drink water. A long day in a hot room with a mask on is a dehydration day.

Keep fans off the work. A fan blowing across your table moves dust onto the client and into your face and does not remove anything.

When the power goes, the extraction goes. If you carry on filing in the dark with the extraction dead, you are breathing all of it. Stop the filing until the power is back.

14 First aid, and the things that go in an eye

Have a first aid kit, and know where it is. Plasters and waterproof dressings, sterile gauze, tape, disposable gloves, an eye wash or a way to run clean water over an eye, and a sealed sharps container. Check it and restock it.

Write the emergency number and the nearest clinic on the wall. In an emergency nobody remembers.

Keep the safety data sheets where somebody else can find them. If you are the one who is hurt, the person helping you needs to know what you were holding, and a doctor will ask.

Something splashed in an eye. Monomer, acetone, disinfectant concentrate. Rinse with clean running water, for a long time, longer than feels necessary, holding the eyelid open. Do not rub. Then get medical attention, and take the product or the safety data sheet with you.

Nail glue in an eye is different. Cyanoacrylate can stick the eyelids together. **Do not force them open and do not pull.** Cover the eye and go to a doctor.

Nail glue sticking skin to skin: do not pull it apart. Soak it in warm soapy water and roll the surfaces apart gently.

A chemical burn on skin: flush it with plenty of water, remove anything soaked in product, and follow the first aid section of the safety data sheet for that product.

Part Four: What is in the bottle

15 Read the label, keep the sheet

Every professional product carries a label with safety instructions, and most manufacturers publish a safety data sheet giving the full detail: what is in it, what it can do, how to store it, and what to do if it goes wrong.

Ask your supplier for the safety data sheets for everything you use, and keep them. It takes one e-mail. If a client reacts, or you do, that sheet is the first thing anyone will ask for.

Never work from an unlabelled container. If you decant, label immediately with the product name and what it is.

A product should reach you with the manufacturer's own label intact. If a supplier hands you a professional product in a plain, hand-written or relabelled container, ask why before you buy it. That is often the first visible sign of a substituted or repackaged product, which is the problem section 16 describes.

If you import your own product, you are not only a buyer, you are an importer. Bringing cosmetics into the country is regulated, and there are certificates and permits involved. Ask the Ministry of Health's food and drugs department what applies before you place a large order, not after it lands.

16 Monomer: what MMA is and why it matters

> *Our interest, stated once.* One of the businesses connected to this guide sells liquid it states contains no MMA. Nothing below rests on our word: the sources are at the back, and the test we give you is a piece of paper from your own supplier, not our opinion.

Liquid and powder nail systems use a monomer. There are two in common use.

EMA, ethyl methacrylate, is the monomer used in professional products worldwide.

MMA, methyl methacrylate, is cheaper. Regulators in the United States and the European Union have acted against its use in nail products, and the harms recorded in that literature include the nail plate separating from the nail bed, allergic contact dermatitis, and irritation of the airways on repeated exposure. Professional practice in many countries has moved away from it.

The regulatory position, stated accurately. There is no United States federal ban on MMA. What happened is that the Food and Drug Administration removed products containing pure MMA monomer from the market in the 1970s through court action, and since then it is the individual state boards that regulate nail salons which have prohibited its **use in nail services**. Texas has done so since 1974. MMA itself remains a lawful chemical with legitimate uses in dentistry and in surgery. What is prohibited in those states is putting it on a client's nails.

In the Caribbean the position is different, and you should assume nobody is checking. We are not aware of a Caribbean country that restricts MMA in nail products, and we have not been able to confirm the position in every one. Treat that as this guide's honest answer rather than a guarantee. What it means in practice is that nothing stands between you and an MMA product except the question you ask your supplier.

Why it does the damage it does. Three things, and the first one starts before the client leaves.

The preparation. MMA does not stick well to a natural nail on its own, so the technique built around it involves filing or etching the nail plate hard to make it hold. That thinning happens at the appointment. Much of the sensitivity, lifting and pain that follows is the filing, not the product.

The failure. MMA sets extremely hard and bonds very aggressively. When the nail takes a knock, the enhancement does not break. The natural nail does, and it can lift away from the nail bed, taking the nail with it.

The removal. It resists solvent, so it takes longer, and the longer it takes the more likely somebody reaches for force or for the drill.

How to find out what you are using

You cannot tell by smell. Both monomers smell strongly, you work in that smell all day, and no smell test will tell you which one is in the bottle. Anyone who tells you they can smell the difference in their own salon is describing a habit, not a test.

Hardness and a slow soak-off do not tell you either. High-performance professional liquids, product applied too thickly, and hard gel and poly systems all behave that way, and hard gel contains no monomer of either kind.

Price tells you nothing about what is in the bottle. What a product costs reflects freight, duty, order size and margin at least as much as its ingredients. Do not draw a conclusion about a product, or about a supplier, from its price.

The only reliable answer is on paper. Ask your supplier, in writing, which monomer the product contains, and ask for the safety data sheet, as section 15 already tells you to do for everything in your kit. The sheet names the chemical and gives its CAS number, a unique reference you can search on a phone. Methyl methacrylate is CAS 80-62-6. Ethyl methacrylate is CAS 97-63-2. Keep the answer and keep the sheet.

A supplier who will not give you a safety data sheet has answered your question.

And if the bottle is not labelled at all, you do not know what is in it, and neither does anyone treating you or your client.

This guide does not tell you which product to buy. It tells you what to ask, and why the answer matters.

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17 HEMA, TPO and sensitisation

Gel systems commonly contain HEMA, and some contain TPO as a photoinitiator. These are two separate subjects and this section deals with them separately.

HEMA and sensitisation

HEMA is not dangerous in the way a burn is dangerous. The issue is sensitisation, explained in section 2. Repeated skin contact with uncured gel, over time, can lead to an allergy that is permanent once it develops.

The exposure that causes it is almost always uncured product touching skin. Gel on the sidewall or cuticle that was not fully cured. Gel on your own fingers as you work. Dust from filing partially cured product.

What reduces the risk:

- Keep product off the skin. Leave a margin at the sidewalls and cuticle.
- Cure fully, for the full time, in a lamp matched to the product.
- Do not touch uncured gel with bare hands.
- Replace lamp bulbs when the manufacturer says to. A weak lamp undercures, and undercured product is the problem.
- Wipe up spills immediately.

Two routes people miss.

Transfer. Uncured product gets onto a brush handle, a file, a bottle cap, your phone, the lamp, the edge of the table. Then it gets onto skin somewhere else, hours later. This is why a nail product allergy so

often shows up on the face, the eyelids or the neck rather than the hands. If your face itches at the end of a working day, that is worth taking seriously.

The tacky layer. The sticky film left on the surface of many gels after curing is uncured product. Remove it with a cleanser on a lint-free wipe. Never with a bare finger.

It is not only HEMA. HEMA is the one most often identified, but other acrylates in gel systems can sensitise in the same way. **"HEMA-free" does not mean acrylate-free and does not mean it cannot sensitise you.** Read it as one piece of information, not as a safety guarantee.

Why this matters beyond your job. An acrylate allergy does not stay in the salon. Once you have it, you can react to related materials used in dentistry, in joint replacement surgery, and in the adhesives on medical dressings and devices such as insulin pumps and glucose sensors. **That is why section 20 asks your client about dental work**, and it is why, if you ever become allergic, you tell your dentist and any surgeon.

Tell your client. If a client has ever reacted to a gel product, a dental filling, or an adhesive dressing, that is worth knowing before you start. Record what they tell you.

If you think it is happening to you. Do not wait until you are certain.

- Stop the exposure route now. Find where product is reaching your skin and close it.
- See a doctor, and ask specifically about **patch testing**. A test can identify which substance is responsible.
- **Take your ingredient lists and safety data sheets with you.** A doctor cannot test for something she does not know you handle.
- Write it down, with the date, in your own records.

Caught early, and with the exposure closed, many technicians continue to work. Ignored, it gets worse at lower and lower exposures.

TPO, and why you may start hearing about it

TPO is a photoinitiator, the ingredient that makes gel harden under the lamp. It is not a sensitiser and it is not part of the allergy problem described above. It is here for a different reason.

European regulators reclassified TPO as a substance of concern for reproductive health, and it has been **prohibited in cosmetic products in the European Union since 1 September 2025**, including for professional salon use. **Great Britain follows on its own timetable**: it may not be placed on the market there from **15 August 2026**, and may not be supplied at all from **14 February 2027**. Northern Ireland followed the European date.

This is a hazard classification, not a finding that your gel has been harming you. Nothing here says that a technician or a client who has used TPO products has come to harm.

But it matters here for a practical reason. No Caribbean country has prohibited TPO, so far as we are aware. When two large markets close to a product on the same timetable, that stock is not destroyed. It is discounted and sold somewhere else. **If you are offered gel at an unusually good price in 2026 or 2027, read the ingredient list.**

And note that "TPO-free" is not the same as "free of everything similar". A common replacement, TPO-L, is a different substance with a similar name. Read what the label actually says.

If you are pregnant or trying to conceive, this is a reason to check your labels and to take your safety data sheets to your doctor. It is not, on its own, a reason to stop working. See section 18.

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18 If you are pregnant, or trying to be

This comes up and it deserves a straight answer rather than either panic or silence.

Nothing in this guide says that a pregnant technician must stop working. That is not a decision a handbook can make and it is not one this handbook is qualified to make.

What is sensible is to reduce your exposure rather than accept it. The controls are the same controls that are in this guide, applied more strictly: source extraction working, lids closed, product off your skin, nothing eaten or drunk at the station, and breaks out of the room.

Talk to your doctor, and take the safety data sheets with you. A doctor can advise on what you actually handle. She cannot advise on "nail products".

Read your labels. The TPO change described in section 17 is a reproductive-health classification, and it is the concrete reason a label is worth reading right now.

This applies to your clients too. A pregnant client sitting in a sealed room for two hours is also breathing it. Good ventilation is hospitality as well as safety.

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19 Storage and disposal

- Cool, dark, upright, closed, out of sunlight and away from heat.
- Never store product in food or drink containers.
- **Never reuse an empty product container**, and never for food or water. Residue and vapour stay in it.
- **No liquid product goes down any drain.** Not monomer, not gel, not acetone, not disinfectant concentrate. Not a sink, not a toilet, not a yard, not a trench. There is no "safe" sink: in this country it reaches the septic system or the canal either way.

- **Make less waste.** Decant only what you will use in the session, keep dappen quantities small, keep lids closed. This does more than any disposal method.
- **Cure gel waste before you bin it.** Leftover gel, contaminated wipes and spills go under the lamp until they are hard, then into the bin. Cured product is solid and inert. Uncured product is not. This costs nothing and takes seconds.
- **Small acetone residues** can be left to evaporate in their own container, in a well-ventilated place, away from any flame, lamp, socket or heat. Never in a closed room.
- **Anything you cannot use** stays in its original labelled container, closed, and you ask your supplier whether they will take it back.
- **Never burn product, wipes, dust or containers.** Burning them releases irritant and toxic fumes at head height in a residential yard.
- Dust waste goes into a closed bag, not swept into the open air, and out of the building daily rather than into a corner.
- **Sharps and blades go into a puncture-proof container, and when it is full it stays sealed.** Do not tip it out, do not decant it, and never put loose blades into household refuse. Ask a clinic, health centre or pharmacy near you whether they will take a sealed container into their clinical waste. Not all will, and the ones that do may ask you to use their own container, so ask before you need to.
- Solvent-soaked wipes go into a lidded bin, emptied daily.
- Never mix products or solutions together unless the manufacturer says to.

Ask your environmental authority what applies to you. In Guyana that is the Environmental Protection Agency. Rules for small commercial quantities of chemical waste differ by country, and a salon is small enough that most people never think to ask. One letter or one phone call will tell you whether anything is required of you.

Part Five: Your client

20 The consultation

A consultation before every service protects your client and protects you.

Ask, write down the answer, and know what you will do with it. A question you have no plan for is a question not worth asking. This is what each one is for.

ASK	IF THE ANSWER IS YES
Have you ever reacted to a nail product, a glue, a plaster, latex, or dental work?	Do not use what they reacted to. If they do not know what it was, do not start a new system on them today. Write down exactly what they describe.
Any skin condition on your hands or feet? Eczema, psoriasis, anything else?	Look. If the skin is calm and unbroken, go ahead gently and keep product off the skin. If it is flaring, cracked or weeping, defer. Neither is catching.
Do you have diabetes?	Section 22, Tier 3. Nothing sharp on the foot, warm not hot water, inspect the skin before and after, and tell them to check their feet daily. Any break in the skin on the foot is Tier 1, today.
Any problem with circulation? Cold feet, leg pain when you walk, any swelling that does not go down?	Ask for a note from their doctor before a foot service. Nothing that can cut or nick them.
Are you having, or have you recently had, chemotherapy or radiotherapy, or any treatment that lowers your immunity?	Ask for clearance from their doctor or their team. Gentle service only. Do not press for detail they do not want to give.
Are you on any blood thinners, or do you bruise or bleed easily?	Go ahead, nothing that cuts. No nippers on skin. Expect a nick to bleed longer than usual.
Any surgery, fracture or injury to that hand, arm, foot or leg in the last few weeks?	Wait until it has healed, or get clearance.
Any medication that affects your skin or nails?	Note it. If they report nails that have changed since starting something, that is a doctor's question, not yours. Some medication also makes skin sensitive to light: see section 12.

ASK	IF THE ANSWER IS YES
Are you pregnant?	**This is not a reason to refuse the service.** What changes is comfort and air. Ask about smells and nausea, keep the room well ventilated, keep lids closed, offer a shorter appointment and a break, help them sit comfortably, and expect some swelling of the hands and feet. If they ask whether a product is safe for them, say honestly that you are not the person to answer that and that their midwife or doctor is.
What have you had done before, by whom, and with what?	Tells you what is on the nail and how it will need to come off. If they do not know, treat removal as unknown and slow.
Any pain, lifting, discolouration or change since your last service?	Look at it before anything else. Then section 22.
Are you being treated for anything on your nails right now?	If a doctor is treating it, do not cover it and do not work over it.
Are you comfortable with me writing this down and keeping it?	If they say no, respect it, and note that they declined.

If the client is under eighteen, take the consultation with the parent or guardian who is with them, and write down who gave the answers.

Look before you touch. Hands, feet, nails, and the skin around them, in good light.

Write it down and keep it. A short record with the date. If anything goes wrong, this record is the difference between a conversation and a dispute.

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21 Looking after what the client told you

The consultation asks your client about their health. Their diabetes, their medication and their pregnancy are their private business, and they told you only so that you could work on them safely.

- **Ask before you write.** Tell them why you need it and that you will keep it. Nobody minds being asked.
- **Collect only what changes what you do.** You need to know a client is diabetic. You do not need their diagnosis, their doctor or their history.
- **Keep it where others cannot read it.** A closed book in a drawer, not an open one on the counter. If it is on your phone, lock your phone.
- **Do not discuss it.** Not with another client, not with another technician, not on social media. In a small community this is the harm that actually happens.
- **Do not photograph a client's hands, feet or skin condition without asking**, and never post such a photograph.
- **Do not keep it forever.** Keep it while they are your client and for a reasonable period after, then destroy it properly. Do not put it in an open bin.
- **It is theirs.** If a client asks what you hold about them, tell them.

Privacy law in this region is developing, and the direction of travel is towards stricter duties on anyone holding health information, including small businesses. Handling it well now costs nothing and will not have to be unlearned.

22 Signs that mean stop

You are not a doctor. You do not diagnose and you do not treat. **What you do is notice, decline, and refer.**

What normal looks like

You cannot notice that something is not normal unless you know what normal is. So, first:

A healthy nail plate is smooth and even in thickness, firmly attached along its whole length, and the same colour through its substance from base to free edge. The skin around it sits flat against the nail, is the same colour and temperature as the skin further down the finger, and is not swollen, shiny, tight or tender.

Compare the nail in front of you with the same nail on the other hand, and with the client's other fingers. That comparison will tell you more than any list.

Most of what you see will be normal. This page is about the small number of times it is not.

A note that matters in this region

On darker skin, redness is often not visible. Inflammation shows as redness on light skin. On deeply pigmented skin it frequently does not show as redness at all, or shows only as a subtle darkening or a greyish cast.

Do not wait to see redness. The signs that work on every skin tone are: **warmth** compared with the same spot on the other hand, **swelling**, skin that looks **tight or shiny**, firmness when you press gently, and the client's own report of **tenderness or throbbing**. Use those.

Tier 1. Send the client to be seen today

These are not "see a doctor before your next appointment". These are today.

WHAT YOU CAN SEE OR ARE TOLD	
Warmth, swelling or tightness spreading outwards from the nail or the toe	**Today.**
A line or streak running up the arm or the leg from the affected area	**Today.**
A hot, swollen, very painful finger or toe, especially with fever, chills, or a client who says they feel unwell	**Today.**
Any break in the skin, sore, ulcer or blister on the foot of a client with diabetes	**Today.**
A nail that has gone dark after a knock and is throbbing under pressure	**Today.**
A dark streak or mark in a nail that is new, getting wider, changing colour, or where the colour has spread onto the skin around the nail	**This week, without fail.** **See the note below.**

What to say. Do not diagnose and do not frighten anyone. Say this:

> "I am not going to work on this today. I can see something that I think needs a doctor to look at **today**, not next week. It may turn out to be nothing at all, but this is not one to leave. Is there a health centre or a doctor you can get to this afternoon?"

If the answer is "I will go tomorrow", say: **"Today would be better."** Then stop. You have done your part.

The dark streak. A dark line running the length of a nail is very often harmless, and in people with darker skin it is common and usually means nothing at all. It is on this list for one reason: occasionally it is a serious skin cancer of the nail, and the outcome depends almost entirely on how early it is looked at. That is why this one is never left, and why you should say clearly that you want it seen this week. **Do not say the word cancer to your client.** You do not know, it is probably not that, and frightening them is not your job. Getting them through a doctor's door is.

Tier 2. Stop, and refer before the service

Do not work on the affected nail or the affected area. Refer, and rebook once it has been seen or cleared.

Two of these travel on your tools. Read the right-hand column.

WHAT YOU CAN SEE	WHAT YOU DO
A nail that is thickened, crumbling, or discoloured through its substance	Stop. Refer. **Nothing on this client today**: this can travel on files and bits.
Itchy, scaling, cracked skin between the toes	Stop. Refer. **Nothing on this client today.** No foot spa.
Raised, rough growths on the skin near the nail or on the sole	Stop. Refer. **Nothing on this client today.** These pass from person to person.
A nail lifting or separating from the nail bed	Stop. Refer. Do not put product over it. You may work on the unaffected nails.
Swelling, warmth or tightness around the nail, without the Tier 1 signs above	Stop. Refer. You may work on the unaffected nails.
Pus or any discharge	Stop. Refer. You may work on the unaffected nails.
Broken, cracked, weeping or bleeding skin on the area you would work on	Stop on that area. No doctor needed unless it has not settled in about a week, or a Tier 1 sign appears.
Pain when you press lightly	Stop. Refer.
Anything you do not recognise	Stop. Refer. **Treat it as the most cautious option** until someone qualified has looked at it.

Tier 3. You may go ahead, with care, or with the client's doctor's say-so

These are not reasons to turn a client away. They are reasons to change what you do. Where the table says clearance, ask for a note or a message from the doctor saying the service is fine, and keep it with the record.

WHAT YOU ARE TOLD, OR WHAT YOU SEE	WHAT YOU DO
Diabetes, with feet that look and feel normal and no break in the skin	Go ahead. No cutting of skin, no aggressive callus removal, nothing sharp on the foot, water warm not hot, check the skin carefully before and after, and advise daily foot checks. Any break in the skin goes to Tier 1.
Poor circulation, cold or discoloured feet, pain in the legs when walking	**Clearance from a doctor first.** Then as above, with nothing sharp.
Persistent swelling of an arm or a leg, particularly after surgery or after lymph nodes were removed	**Clearance from a doctor first.** No cutting, no filing of skin, nothing that can nick.
Having chemotherapy or radiotherapy now, or recently	**Clearance from the doctor or the cancer team first.** Gentle service only.
Taking medication that lowers immunity, or a condition that does	**Clearance from a doctor first.**
Taking blood thinners, or bruises and bleeds easily	Go ahead, but nothing that cuts. No nippers on skin. Expect any nick to bleed longer.
Surgery, a fracture, or a significant injury to that hand, arm, foot or leg in recent weeks	Wait until healed, or get clearance.
Eczema or psoriasis on the hands or feet, calm and with skin unbroken	Go ahead, gently. Keep product well off the skin, no aggressive cuticle work, no filing on an already thin nail, gentle removal. Not catching, and this client has probably been turned away before for no reason.
Eczema or psoriasis flaring, cracked, weeping or bleeding	Defer until it settles. Tier 2.

WHAT YOU ARE TOLD, OR WHAT YOU SEE	WHAT YOU DO
A previous reaction to a nail product, adhesive, plaster or dental work	Do not use the product they reacted to. If they do not know which it was, do not start something new today.
Pregnancy	Go ahead. See section 20 for what actually changes.

Refer means

Tell the client, plainly and without alarming them, that you can see something you are not qualified to assess. Say whether it is today or before the next appointment.

Where to send them, in order: the nearest health centre or health post, then the regional hospital, then a private doctor, then a skin or foot specialist if one is reachable. The first is usually enough to get an answer and is usually the cheapest. **What is actually reachable differs a great deal depending on where you are**, and a specialist within a day in Georgetown may be a week and a journey somewhere else. Find out what is open to you and what it costs before you need to send somebody, so that when you do refer you can tell the client where to go rather than leaving them to work it out.

Give them something to hand over. The referral note at the end of this section turns a refusal into a hand-off, and it makes it far more likely that the client actually goes.

You do not treat any of this. You do not cut it out, drain it, pick at it, put anything on it, or recommend a medicine. Not a cream, not a tablet, not a home remedy. Referring is the whole of your job here and it is enough.

If the client cannot get seen, that is not your failure. Your job was to notice, to decline, and to describe what you saw accurately. You have done it.

The last line matters most. You do not need to know what something is in order to decline. "I do not recognise this" is a complete and professional reason to stop.

Appendix A gives the medical names for the more common conditions, so that you can look them up or describe accurately what you saw when you refer.

Referral note

Photocopy this. Fill in two, one for the client and one for your records.

Nail technician's note

Date: __ Client: ___

I am a nail technician. **I am not qualified to assess this and I have not tried to.** I declined to carry out a service today and asked the client to have this looked at.

What I could see, in plain words: _____

Which nail or area: ___ **How long, as reported:** __

What I declined to do: _____

Technician: ___ *Contact:* ___

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23 How to say no

This is the hardest page in this guide, because the reason technicians proceed when they should not is rarely ignorance. It is money, and it is not wanting to offend someone.

Here are words that work.

"I can see something here that I am not qualified to assess. I do not want to make it worse or make it spread, so I would rather not work on this nail today. Can you see a doctor about it, and I will book you in as soon as it is cleared?"

"This is not something I can treat, and honestly you would not want me to. If it is only on this one nail and the skin around it is not swollen or sore, I can work on the others today. If it is the kind of thing that can spread, I will not work on you at all until it is cleared, because my tools would carry it."

"If I work on this now, the product will seal it in and it will get worse under there. I will do it properly once it has healed."

When it is urgent. Some things need a doctor today, not before the next appointment. Say so plainly and only once. Do not soften it into nothing and do not frighten anyone.

> "I am going to stop here. What I can see needs a doctor to look at today, not next week. It may well be nothing, but it is not one to leave, and I would not be doing my job if I did not say so. Can you get to a health centre this afternoon?"

On the dark line in a nail:

> "This line is usually nothing, and a lot of people have them. But it is the one thing we never leave, and I would want a doctor to see it this week. Will you do that for me?"

Then leave it. Repeating it turns a warning into a scare. You have said it, and you will write down that you said it.

On being asked to work over a problem: the answer is no, and the reason is that a covered problem is not a solved problem. It continues underneath, out of sight, and both of you find out later.

On the client who says the last technician did it: they may be telling the truth. That is not a reason to repeat it.

Declining well builds a reputation. The client you turned away and referred is the client who tells everyone you knew what you were looking at.

---

24 Aftercare

Tell the client, every time:

- What you did and what product is on their nails
- How to look after it
- How it should be removed, and that they should come back rather than pick or force it
- When to return

And tell them what to watch for. Split it, because these are not the same thing.

See a doctor today, and do not wait to speak to me first:

- Warmth, swelling or tightness spreading outwards from the nail or the toe
- A line or streak running up the arm or the leg

- A finger or toe that is hot, badly swollen and very painful
- Fever, chills, or feeling generally unwell along with a sore finger or toe
- Pain bad enough to wake you at night
- Any break in the skin on the foot, if you have diabetes
- A nail that goes dark after a knock and throbs

Tell me, and see a doctor in the next week or so:

- Pus or any discharge
- Swelling or warmth that is staying put rather than spreading
- New numbness or tingling
- A dark line appearing in a nail, or one you already have that is changing
- Any change in the skin around the nail

Tell me and I will look at it, no doctor needed unless it does not settle:

- Lifting of the enhancement
- A green stain under the product, with no pain and no swelling
- A chip, a crack or a snag

If you cannot reach me, go anyway. Say that out loud. Clients wait for permission that never comes.

If a client reports a reaction: write it down, with the date, the product and what they described. Advise them to see a doctor. Do not offer a diagnosis, and do not offer a treatment.

Part Six: The higher-risk services

25 The pedicure station

Foot spas and pedicure bowls are where the serious infections in this industry occur. Warm water, skin, and equipment that is difficult to clean properly is the worst possible combination, and outbreaks traced to pedicure equipment are documented internationally.

Two kinds of unit, and it matters more than anything else on this page

A pipe-free basin moves the water with a magnetic or air fitting and has no internal plumbing. There is no hidden pipe to colonise and the whole wetted surface is one you can reach and scrub.

A jetted or pipe-fitted unit recirculates water through metres of internal pipe that you will never see and never scrub. That pipework is where the documented infections came from. It can be managed, but it has to be managed deliberately, every single day.

If you are buying, buy pipe-free. It is the easiest safety decision in this guide.

Between every client

- **Put gloves on.** Cleaning a used footbath is a dirty job.
- Drain fully.
- Remove and clean any screen, filter or removable part. **This is the step that gets skipped and it is the step that matters**, because debris collects behind it and neither water nor disinfectant reaches it. Clean the removed parts separately and disinfect them before they go back on.
- Clean the bowl with detergent to remove oil, skin and product.
- **Rinse the detergent out.** Detergent left behind can stop some disinfectants working.
- Disinfect, following the contact time on the product label. **This is a wait, not a wipe.** Fill or coat every surface the water reached, not only the bottom.
- Rinse if the label tells you to, then dry.
- **Write it down.** Date, time, who did it. See section 30.

At the end of the day

A deeper clean, following the equipment manufacturer's instructions for your specific unit.

If your unit has jets or pipework, the disinfectant must be run through the system, not just left standing in the bowl. Fill the basin above the jets, add the disinfectant at the strength the label states, switch the unit on and let it circulate, then leave it in contact for the time the product and the machine specify. Many manufacturers also require a longer soak at set intervals. **Take that time and that interval from your unit's own instructions**, and if you no longer have them, ask the supplier for a copy.

Standing disinfectant in the bowl cleans the bowl. It does nothing at all to the pipes.

Disposable liners help and do not replace cleaning. They reduce contact with the bowl surface. They do not sterilise anything, and on a jetted unit water still reaches the jets, the inlet and the plumbing, which the liner does not cover.

Broken skin, and the one clients never think of

Never use a foot spa on a client with broken skin, an open sore, a recent cut or shave, an insect bite that has been scratched open, or any of the signs in section 22. Broken skin plus warm shared water is precisely how the documented outbreaks happened.

Shaving is the one clients never think of. A razor leaves tiny breaks in the skin of the lower leg that you cannot see, and those breaks are the way in. Ask, and explain why. **Ask clients not to shave their legs on the day of the pedicure, and preferably not the day before either.**

Put it in your booking message so it is read before arrival, not while the client is sitting in the chair.

Clients with diabetes

Clients with diabetes need a different pedicure, not a nervous one. Reduced sensation means they may not feel damage as it happens, and slower healing means a small injury is not a small problem. So:

- Nothing sharp on the foot. No blades, no cutting of skin, no aggressive callus removal.
- Water warm, never hot. They may not be able to tell you it is too hot.
- Look at the whole foot, in good light, before you start and again before they leave. Between the toes and under the heel included.
- **If you find any break in the skin, any sore, any blister, any ulcer or anything that has not healed: stop, and say it needs to be seen today.** Not before the next appointment. Today.
- Advise daily foot checks at home, and that someone else looks if they cannot see their own feet properly.

This is the single most important paragraph in this guide for the safety of a client, and it takes four minutes a service.

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26 The electric file

The electric file is the highest injury risk in the trade, and almost all of that risk is heat and depth.

Heat. Friction generates heat, and heat travels into the nail plate and the bed. The client feels it as a sudden burning sensation. That sensation is damage occurring, not discomfort to be endured. **If a client says it is hot, stop immediately.** Reduce speed, lift, change your angle, let it cool.

Depth. Working too deep thins the natural nail, and a thinned nail lifts, splits and hurts. Rings of fire, the visible grooves left by working at the wrong angle, are damage.

Practical discipline:

- Match bit and grit to the job. A coarse bit for finishing is the wrong tool.
- Keep the bit moving. A stationary bit generates heat in one spot.
- Use the lowest speed that does the work.
- Keep the bit as flat to the nail as the task allows.
- Never work on thin, damaged or lifted nail.
- Stop the moment the client reports heat.
- **Wear eye protection.** This is where fragments come from.
- **Look after your own hand.** A handpiece vibrates, all day, for years. Use one that runs smoothly and is properly balanced, replace worn bits and worn bearings instead of pressing harder, hold it no tighter than the work needs, and break the day up. Numbness or tingling in your fingers is worth a doctor, early.

Bits are implements. They touch the nail, they produce dust, and they can draw blood. Clean and sterilise them between clients exactly as you would a metal implement. **Sanding bands and abrasive caps are not implements. They are abrasives, they are porous, and they are single use.**

Learn it properly before you use it. More natural nail damage is caused by an electric file in untrained hands than by any product in this guide.

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27 Removal

Most damage to the natural nail happens at removal, not at application.

Never pry, lever, force, or pull an enhancement off. It does not come off cleanly. It takes layers of the natural nail with it, and that is what leaves a client with thin, sore, damaged nails and the belief that the product caused it.

Soak-off products need the time the manufacturer states. If it is not ready, it needs longer, not more force.

Filing down before soaking reduces the soak time. It is also the point at which people file into the nail plate. File the product, not the nail.

A client who wants it off now, in less time than the removal properly takes, is asking for damage. Book a proper appointment.

If it will not come off, stop. Something is wrong. Force is never the answer.

Part Seven: Your salon and your practice

28 Opening routine

Before you open, and periodically thereafter:

- **Pest control arranged**, and repeated on a schedule rather than when you see something
- Air conditioning serviced and filters cleaned
- Deep clean of floors, walls, surfaces and furniture
- All tools decontaminated and stored closed
- **Autoclave or steriliser serviced, working, and its spore test result recorded**
- Ventilation and extraction checked and working
- **Sharps container in place, and you know how it will be disposed of when it is full**
- **First-aid kit stocked, gloves stocked, and the section 6 blood procedure read by everyone who works there**
- **Hepatitis B: everyone working on clients has had that conversation with their own doctor**
- **Fire extinguisher in place, in date, and everybody knows where it is**
- Declutter, so every surface can actually be cleaned
- Check every product's condition and date

Each working day:

- Surfaces disinfected before the first client
- Fresh linen out, used linen bagged
- Bins emptied
- Hand washing point stocked with soap and clean drying
- Clean and used tool containers separated and both clean
- Gloves, gauze, dressings and a single-use bleeding product stocked at each station
- Sharps container present and not full
- Pedicure unit cleaning log written up

29 Linen and laundry

- Fresh towel for every client. No exceptions.
- Wash hot with detergent.
- **Store clean linen in a closed cupboard or covered container.** Open shelving collects dust, and in a nail salon that dust contains product.
- Used linen goes straight into a covered bin, never back onto a surface.
- Keep clean and used linen physically apart.
- **Do not shake used linen.** Shaking throws whatever is on it into the air you are breathing.
- **Wash salon linen separately from household laundry.**
- **Blood-stained linen goes into a separate, clearly marked bag**, handled with gloves, and washed separately. See section 6.
- **Single-use paper towels are a perfectly good alternative**, for drying hands and under a client's hand or foot, and are often the better answer if reliable laundry is difficult.

30 Records worth keeping

Some of this you must keep anyway. If you are registered as a business, your financial records are not optional, and your product purchases are part of them. The rest is not required of you by anyone. Keep it because it protects you.

- **Consultation and aftercare records**, by client and date
- **Incident notes:** any reaction, cut, burn or complaint, written down the day it happens
- **Product records:** what you use, and safety data sheets from your supplier
- **Equipment records:** servicing and maintenance, particularly on autoclaves and pedicure units, and every spore test result
- **Pedicure cleaning log**
- **Training records:** anything you have learned or been assessed on

If a dispute ever arises, the technician with a dated record is in a completely different position from the technician relying on memory.

Section 21 tells you how to look after the client records, because health information carries duties that a stock list does not.

31 The rules that do apply to your business

This guide is not a rule. But running a salon is running a business, and a business has obligations that have nothing to do with how you file a nail.

Depending on where and how you operate, you may need to register your business name, register with the tax authority and keep proper books, hold a licence from your city or town council for the premises, and satisfy fire and sanitary requirements before that licence is granted. If you employ anyone, national insurance applies. If you import your own product rather than buying it locally, importing cosmetics is regulated and there are certificates and permits involved.

We are not going to set out those requirements here, because they change, they differ between a city and a village, and getting them slightly wrong in a printed guide would be worse than not printing them. **What we will say is that they exist**, so that nobody closes this guide believing there is nothing at all to comply with.

Ask three places: your city or town council or Neighbourhood Democratic Council for the premises licence, the revenue authority for registration and tax, and the Ministry of Health's food and drugs department if you intend to import product. If you can afford an hour with an accountant or an attorney once, at the start, it is the cheapest hour you will spend.

32 Can you demonstrate this?

Nothing in this guide requires a certificate. **There is no law here that says you must have formal training to work on nails.**

But there is a difference between doing something and being able to show that you can do it. Work through this honestly.

Can you:

- Explain the difference between cleaning, disinfecting and sterilising, and say which applies to which item?
- Say which two methods actually sterilise, and why a UV cabinet is not one of them?
- State the contact time for the disinfectant you actually use?
- List which items in your kit are single use, sanding bands included?
- Explain why a paper file cannot be disinfected but a glass file can?
- Say what a glove protects you from and what it does not?
- Say what you would do in the next two minutes if you drew blood on a client?

- Say whether you have been vaccinated against Hepatitis B?
- Say which monomer is in the liquid you use, and show the paper that proves it?
- Explain what sensitisation is and how to reduce it?
- Carry out and record a consultation, and say what you would do with each answer?
- Say which signs mean today and which mean before the next appointment?
- Say what inflammation looks like on skin where redness does not show?
- Decline a service to a client's face, kindly and clearly?
- Explain how heat from an electric file damages a nail?
- Remove an enhancement without force?
- Show your ventilation or extraction arrangement and explain what it does?
- Show where the fire extinguisher is and say when it was last checked?
- Say where liquid product waste goes, and why not down a drain?
- Set your table and chair so you are not bending your neck all day?

If there are gaps, that is normal, and it is the reason this guide exists. Nobody was taught all of this. A gap you can name is a gap you can close. A gap you cannot name is the one that catches you.

If you want the gaps closed formally, the regional qualification is the Caribbean Vocational Qualification, the CVQ, which is recognised across CARICOM and is assessed on competence you can demonstrate rather than on hours in a classroom. A nail technology occupational standard sits within the CVQ framework. In Guyana the body to ask is the Council for Technical and Vocational Education and Training, which works alongside the Board of Industrial Training. Elsewhere in the region, ask your own national training authority.

Ask specifically about recognition of prior learning. Caribbean training systems, Guyana's included, have adopted the principle that competence already gained on the job can be assessed and certified without repeating it as a course. Whether that route is currently open for nail technology, what it costs and what evidence you would need to produce are questions for your national training authority, and worth asking before you pay for any training.

> *Our interest in this.* The businesses connected to the authors of this guide include a nail training academy. That is exactly why this section points you at the public qualification route and names no school, including ours. Ask the training authority what is open to you **before you pay anybody for anything.**

---

33 Self-audit checklist

Print this page and keep it at your station.

Every client

- [ ] Hands washed with soap and water if dirty or after gloves, otherwise alcohol rub, before and after
- [ ] Surface disinfected
- [ ] Fresh towel
- [ ] Consultation done and recorded
- [ ] Nails and skin inspected in good light
- [ ] Sterilised implements from the clean container, still in their pouch if pouched
- [ ] New file, buffer, sanding band and wooden implements, or the client's own named file
- [ ] Gloves where the service requires them, changed the moment product gets on them
- [ ] Gloves, gauze, dressings, single-use bleeding product and sharps container within reach
- [ ] Used tools straight into the used container
- [ ] Aftercare explained

If there is blood

- [ ] Stopped, told the client, gloved
- [ ] Pressure with single-use gauze, single-use bleeding product only, never a shared pencil or block
- [ ] Covered, and not returned to that nail today
- [ ] Implement set aside, then sterilised or thrown away
- [ ] Surface cleaned then disinfected, gloves off last, hands washed
- [ ] Written in the incident notes today

Every day

- [ ] All implements cleaned then sterilised. Nothing relying on a UV box
- [ ] Pedicure unit: filter and removable parts cleaned, disinfectant circulated through the system for the full time, log written up
- [ ] Bins emptied, lids on
- [ ] Linen washed, clean linen stored covered
- [ ] Ventilation and extraction working, filter condition checked
- [ ] Product lids closed, nothing left open
- [ ] Gel waste cured before binning
- [ ] Nothing eaten or drunk at the station
- [ ] Surfaces cleared and disinfected

Every week

- [ ] Deep clean
- [ ] Stock checked for condition and date
- [ ] Equipment checked, lamp bulbs assessed
- [ ] Spore test or steriliser check, as your machine's instructions require
- [ ] Sharps container level checked
- [ ] First aid kit checked and restocked, extinguisher in place and in date
- [ ] Records written up

Send the client to be seen TODAY if you see

- [ ] Warmth, swelling or tightness spreading outwards
- [ ] A line or streak running up the arm or leg
- [ ] A hot, swollen, very painful finger or toe, or fever with it
- [ ] Any break in the skin on the foot of a client with diabetes
- [ ] A nail dark after a knock, throbbing under pressure
- [ ] A dark streak in a nail that is new, widening or changing (this week, without fail)

On darker skin, do not wait to see redness. Warmth, swelling, tightness and tenderness are the signs.

Stop and refer if you see

- [ ] Thickened, crumbling or discoloured nail (nothing on this client today)
- [ ] Scaling, cracked skin between the toes (nothing on this client today)
- [ ] Raised rough growths (nothing on this client today)
- [ ] Lifting or separation from the bed
- [ ] Swelling, warmth or tightness, not spreading
- [ ] Pus or discharge
- [ ] Broken or weeping skin
- [ ] Pain on light pressure
- [ ] Anything you do not recognise

Ask before you start

- [ ] Diabetes, circulation, swelling in a limb
- [ ] Blood thinners
- [ ] Chemotherapy, radiotherapy, lowered immunity
- [ ] Recent surgery or injury to that hand or foot
- [ ] Previous reaction to any product

34 Where this came from, and what it does not claim

This guide was compiled by EICCIO Advisors from published industry hygiene guidance, regulatory literature on nail product chemistry, and the practical experience of working technicians and educators in the Caribbean. The sources we relied on are listed at the back, with links, so that you can go and read them.

What this guide does not do:

- It does not reproduce clinical images and it does not diagnose. Section 22 describes what you can see, not what it is. That is a deliberate design decision and Appendix A explains it: a picture set teaches matching, and matching defeats the one rule that catches everything this guide did not think of.
- It gives no contact times, temperatures or cycle settings. **Those belong to the product and the machine in front of you**, and the manufacturer's instructions are the only correct source for yours.
- It simplifies. The three levels in section 3 compress a longer international framework, in which disinfection has low, intermediate and high levels and items are graded by the contact they make. We say so in section 3. Nothing here contradicts that framework, but if you go on to formal training you will meet the fuller version.
- It names no commercial product and recommends no supplier or school, including the businesses connected to its authors. Those businesses are named in full at the front, under "Who wrote this, and what we sell".
- It is not law, and following it confers no legal protection or immunity. Equally, it does not tell you what the law requires of your business. Section 31 says where to ask.
- Where it describes a law, a standard or a qualification, it does so as at August 2026 and to the best of our research. Rules change and they differ between countries. Verify anything you intend to rely on.

Where a number matters, we have told you to read the label. That is not evasion. Contact times and cycles genuinely differ between products, and a figure copied from somewhere else could be wrong for what you are holding.

35 Help us improve this

This guide is revised as the trade tells us what it got wrong.

Send corrections to: info@lncprosuite.com The current edition always lives at: lncprosuite.com/safehands

Editor of this guide: Theon Alleyne, CRCP, CCEP **Next review due:** August 2027, and sooner if a correction requires it

If you spot an error, or something that does not match how the work is really done in your salon, tell us. Corrections are welcome from anyone, at any level of experience. The technician who has done ten thousand sets knows things this document does not.

If you would like to be a named contributor to a future edition, we are looking for working technicians, educators, salon owners and health professionals across the Caribbean to review, correct and extend it.

How the credit works. We will ask you to sign a one-page note first, so that both sides are clear. It records which sections you read, that your comments are your own view and not your employer's or your professional body's, that you are paid nothing, and that you can ask to be removed at any time. If you are a registered health professional, we will ask you to confirm that your own professional body is content for you to be named. We do not use contributors' names in any advertising, on social media, or in any sales material. The credit appears in the guide and nowhere else.

If you are a doctor, dermatologist or podiatrist, your review of sections 1, 2, 6, 14, 20, 22, 24, 25 and Appendix A would be particularly valuable. Those are the sections carrying clinical content, and each edition is strengthened by a clinician who reads them.

About the author

Theon Alleyne, CRCP, CCEP

Theon Alleyne is a compliance professional of twenty-six years, holding the Certified Regulatory Compliance Professional and Certified Compliance and Ethics Professional credentials. His career was built at UBS, the New York Stock Exchange, FINRA, JP Morgan and IBM, and he is the principal of EICCIO Advisors, a corporate compliance and business consultancy in Guyana.

He serves as Vice President and Public Relations Officer of the Essequibo Islands-West Demerara Chamber of Commerce and Industry, and as Services Sub-Sector Chair and Director of the Guyana Manufacturing and Services Association.

He has written for this trade before. Through Team Shaw Caribbean Press, which he founded, he published ***From Beginner to Pro 7x Faster*** by Lexann McPhoy, Silver Level Global NSI Educator: a Caribbean-born career playbook for student and newly qualified nail technicians, released in May 2026. **He wrote its two chapters on health and safety.**

Those chapters are where this guide began. Writing them made it plain how much a working technician is expected to know, how little of it is written down anywhere she can reach, and how much would not fit inside two chapters of somebody else's book. Safe Hands is the rest of it.

He is the author of ***Letters to a Compliance Officer: What They Never Told You About the Job That Protects Everyone***, the first practitioner memoir on compliance written from the Caribbean, and of *Nonprofit Compliance Essentials*.

Letters to a Compliance Officer is written as twenty-eight letters to a working professional, telling her the things nobody puts in the manual. **Safe Hands comes from the same instinct.** A trade fails its people when the knowledge that keeps them safe stays with those who already have it, and the fix is always the same: write it down plainly, address it to the person actually doing the work, and give it away.

He is not a doctor and he is not a nail technician. That is worth saying plainly, because it explains both what this guide is good for and what it is not.

What a compliance career teaches is a narrow and useful thing: how to find the rule, how to read it properly, how to work out what it actually requires of the person on the floor, and how to write it down so that person can follow it and show that she did. Applied to regulated finance for twenty-six years, that discipline protected institutions. Applied here, it is meant to protect a technician who was never handed the information in the first place.

The technical practice in this guide draws on working technicians and educators, and the health content on published clinical and public health guidance. **The compliance craft, which is the part about finding what is true and setting it down so that it can be relied on, is the author's own.**

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Practice varies, products vary and machines vary. Where anything in this guide differs from the instructions supplied with a product or a piece of equipment, follow the manufacturer's instructions.

Nothing in this guide is a medical opinion, and nothing in it diagnoses, treats or rules out any condition. The health content is drawn from published clinical and public health guidance and is written for a lay reader who is not a clinician. Where the guide says stop and refer, it describes a cautious professional practice. It is not a clinical judgement about any particular person, and it is not a substitute for one.

You are responsible for your own decisions, for your own practice, and for your own compliance with any law that applies to you. To the fullest extent the law allows, EICCIO Advisors does not accept liability

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Where the facts came from

We are not asking you to take our word for any of this. These are the main published sources behind the sections on infection, decontamination, product chemistry and pedicure equipment. All of them are free to read.

SUBJECT	CLASS OF SOURCE USED
Infection risk and salon hygiene	Published industry hygiene guidance for the professional beauty and wellness sector
Hand hygiene	Public health guidance, including the United States Centers for Disease Control and Prevention
Monomer chemistry and MMA	United States and European Union regulatory literature, and United States state cosmetology board rules
Sensitisation and acrylates	Published occupational and contact-allergy literature
Decontamination levels and equipment	Manufacturer instructions and published salon hygiene guidance
Qualification routes	CARICOM Caribbean Vocational Qualification materials, and Guyana's Council for Technical and Vocational Education and Training

We name a class of source rather than a list of links for one reason: we would rather name nothing than name something we have not read end to end. If you want the specific source behind any statement in this guide, write to us and we will send it to you.

Where we could not find a published source we could stand behind, we have said so rather than filled the gap.

Appendix A: Medical names, and where to see them

This guide does not reproduce clinical images and does not diagnose.

The names below are given for one reason: so that you can look a condition up if you want to learn more, and so that you can describe accurately what you saw when you refer a client to a doctor.

Knowing a name does not qualify you to identify a condition, and it does not change what you do. What you do is stop and refer.

WHAT YOU CAN SEE	WHAT IT MAY BE CALLED, AND WHAT IT MEANS FOR YOU
Thickened, crumbling, discoloured nail	Often **onychomycosis**, a fungal nail infection. But repeated knocks, psoriasis and other causes give the same look, and only a test can tell which. Not yours to decide. It can travel on files and bits.
Nail lifting or separating from the bed	**Onycholysis.** This is a description of what the nail is doing, not a cause. It follows a knock, a heavy-handed removal, product, infection or psoriasis. Never put product over it, whatever caused it.
Swelling, warmth or pus around the nail fold	**Paronychia**, an infection of the skin around the nail. If it is sore and swollen, that is a doctor before the next appointment. If it is hot, badly swollen, spreading, or the client has a fever or feels unwell, that is a doctor **today**.
Pitting, ridging, thickening, sometimes with skin patches elsewhere	**Nail psoriasis.** It is not catching and it is not a hygiene risk to anyone. If the skin is unbroken and calm, you may usually work gently. This client has probably been refused before for no reason.
Raised, rough growths on skin near the nail, or on the sole of the foot	**Viral warts**, or **verrucae** on the foot. Caused by a virus and they do pass from person to person, including on a file. Leave that digit alone entirely, and nothing that touches it touches anyone else.
Green or dark-green staining under a lifted enhancement, with no pain and no swelling	Usually bacteria, often **Pseudomonas**, growing in the damp space under the product. In this form it is a stain rather than a spreading infection. Take the enhancement off, do not put anything back on, keep the nail dry and uncovered, and let it grow out. Look again in two weeks. **If there is pain, swelling, pus, spreading warmth, or the client is unwell, diabetic or on treatment that lowers immunity, it is not a stain any more. Refer.**
Itchy, scaling, cracked skin between the toes	**Tinea pedis**, athlete's foot. Catching. No foot spa, everything single use, and refer.

WHAT YOU CAN SEE	WHAT IT MAY BE CALLED, AND WHAT IT MEANS FOR YOU
Dry, cracked, itching or weeping skin on the hands	**Contact dermatitis**, which may be irritant or allergic. Read this row twice, because it applies to your own hands as much as to a client's. Only testing tells the two apart, and the allergic kind is the one that ends careers. If your hands look like this, get them looked at.
An unexplained dark streak running along the nail	**Longitudinal melanonychia.** Very often harmless, and common in people with darker skin. It is on this list because occasionally it is a **melanoma**, a serious skin cancer of the nail, and with that one the outcome depends almost entirely on how early it is seen. So this one is never left. Say you want a doctor to see it this week. **Do not say the word cancer to your client.** You do not know, it probably is not, and frightening them is not your job.

Why there are no photographs in this guide

Three reasons, and the first is the one that matters.

A set of pictures teaches you to match, and matching is the trap. A technician with nine photographs compares the nail in front of her to nine photographs, finds nothing that looks quite the same, and carries on. The most important line in this guide is "anything you do not recognise", and a picture library quietly cancels it. Noticing that something is not normal is the whole skill, and section 22 gives you the description of normal that the noticing depends on.

Clinical photographs are somebody's copyright, and often somebody's medical record. This guide is given away and may be copied freely by anyone. That is only possible with material we own outright.

Most published clinical photography does not show skin like most of our readers'. Learning from images that do not look like the hands in front of you teaches the wrong reference point, and it is the same problem section 22 warns about with redness.

We would rather you did not go looking at pictures to decide whether to proceed. These names are here so that when you refer, you can say or write what you saw accurately. If you do read about them, read about them on a day when you are not standing over a client, and read on a recognised national health service or dermatology site rather than an open image search. An image search will show you the worst and rarest version of everything, which is exactly the wrong calibration for a working technician.

What is more use than a picture is a good description. When you refer, write down: the date, which nail, what you can see, how long the client says it has been there, whether it is changing, and whether it hurts. Take a photograph of the client's own nail on your phone, with permission, and let them show the doctor. That is worth more than anything we could print.

Whatever you see, and whatever it is called: stop, and refer.

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