

SURGICAL SITE INFECTION POLICY BUNDLE: HAIR REMOVAL


Department / Service:	SCSD
Originator:	Mat Trotman
Accountable Director:	Clinical Director SCSD
Approved by:	Anaesthetics, Critical Care, Theatres & Sterile Services Directorate Governance Meeting
Date of approval:	17 th January 2024
Review Date	17 th January 2027
This is the most current document and should be used until a revised version is in place :	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Theatres
Target staff categories	All clinical staff involved in surgical care of patients

Policy Overview:

This policy sets out the expected best practice for the pre-operative removal of hair from in or around the intended operative site. Hair should only be removed if it will directly interfere with access to the incision site, or if there is a risk it will contaminate the wound site and contribute to the risk of a HCAI

Key amendments to this Document:

Date	Amendment	By:
June 2019	New document approved	Directorate Governance Meeting
Oct 2020	Reapproved by Governance team	Directorate Governance Meeting
28 th Nov 2023	Document extended for another 3 months whilst under review.	Dr James Hutchinson

Trust Policy		 Worcestershire Acute Hospitals <small>NHS Trust</small>
17.1. 24	Review approved	TACCSS governance

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1. Introduction

This policy aims to be used in conjunction with the other surgical site infection bundle policies to minimise the numbers of post-operative infections that may be accountable to the surgical phase of a patients care. This particular section will focus on the best practice for pre-operative hair removal from on or around the perspective operative site.

2. Scope of this document

This document will cover all patients undergoing any procedure within WAHNT theatres that will require the removal of hair pre-operatively. It is acknowledged that under certain clinical emergencies this process maybe missed if there is a deemed threat to life.

3. Definitions

WAHT – Worcestershire Acute Hospitals NHS Trust
HCAI – Healthcare Acquired Infection

4. Responsibility and Duties

4.1. Role of the senior operating surgeon/clinician

The senior operating surgeon or clinician maintains overall responsibility for the removal of any hair or ensuring a suitable individual is assigned the task.

4.2. Role of the Divisional Managers & Divisional Directors of Nursing

Divisional Managers & Divisional Directors of Nursing maintain overall responsibility for compliance with this policy within their areas. This includes ensuring that Senior Managers have agreed and instigated a structure that ensures all staff have been informed, educated and trained appropriately for completion of the agreed task.

4.3. Role of the Theatre/Departmental Managers

Theatre or Departmental Managers assume responsibility for the implementation of this policy on a daily basis. To ensure the health, safety and risk management standards are met and maintained. Ensuring regular audits are carried out to monitor compliance with this policy

4.4. Role of Individual Staff

The Trust expects all staff, including temporary members, to adhere to the principles of this policy at all times

5. Policy Detail

Where hair removal is necessary:

The person who performed the hair removal, the area from where the hair was removed and the method should be documented.

Hair removal should take place as close to the time of surgery as possible to minimize the risk of bacterial contamination to the skin surface.

Hair removal should be carried out by an experienced practitioner in a clean area of the surgical suite, with good lighting, affording patient privacy at all times.

Clippers used for hair removal, must be stored and decontaminated between patient use according to manufacturer's instructions and Trust decontamination guidelines. Single use shaving heads must be used and discarded after every patient use.

Shaving including wet shaving is not an appropriate method, due to the skin trauma it can cause and associated increased risk of surgical site infection.

When surgery is to be performed on an already contaminated wound, shaving prior to surgery is not recommended as this holds a high risk of postoperative wound infection.

6. Implementation and Dissemination

6.1 This policy will be implemented and disseminated through the theatre communication routes to include staff meetings and the 08.00AM huddle. The policies will be located and stored on the electronic document library and there will be links to them from the theatre intranet homepage.

6.2 Training shall be given to all staff on the use of all hair clippers found within theatres at WAHNT as well as education on the appropriate techniques used in the hair removal process

7. Monitoring and compliance

Regular infection control audits should be occurring to closely monitor post-operative infection rates.

Theatres should also conduct their own audit to monitor compliance with this policy and ensure strict adherence where appropriate

8. Policy Review

This Policy will be reviewed every two years.

Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author must ensure the revised document is taken through the standard consultation, approval and dissemination processes.

9. References

References:

Code:

AfPP Principles of Safe Practice in the Perioperative Environment (2015)	
NICE Guideline (2019) surgical site infection: prevention and treatment	

10. Background

10.1 Consultation

Key individuals involved in developing the document

Name	Designation
Susan Smith	
Mathew Trotman	
Andy Fryer	
Sally Ann Pickard	
Tracey Cooper	Deputy Director of Infection Prevention & Control

10.2 Approval process

This document has been circulated to the following individuals for comment/approval.

Name	Designation
Julian Berlet	Divisional Medical Director – Specialised Clinical Services
Tracy Pearson	Divisional Director of Operations – SCSD
Amanda Moore	Divisional Director of Nursing – SCSD
Paul Rajjayabun	Divisional Medical Director - Surgery

10.3 Equality requirements

Equality assessment Supporting Document 1

10.4 Financial risk assessment

Financial risk assessment Supporting Document 2

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	No	
6.	What alternatives are there to achieving the policy/guidance without the impact?	No	
7.	Can we reduce the impact by taking different action?	No	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval