

## Standard of the Month - Hair Removal

In the 2019 (14th) edition of the ORNAC Standards, Section 2 was revised and updated to reflect the best available evidence. This resulted in changes to the practice recommendations for pre-operative hair removal. This month's Standard of the Month, will highlight some of these changes.

What's changed:

- **Optimal time frame for hair removal** - previously, the standards stated hair removal should be completed "as close to time of surgery as possible". Standard 2.17.15 now identifies two (2) hours as the time frame for preop hair removal.
- **Location of hair removal** - the recommendation that hair removal should be completed in a location other than the operating room has been removed. Unanticipated delays in surgery may result in an interval longer than two (2) hours between hair removal and surgery start time; allowing for hair removal in the OR can minimize the risk of an increased interval.
- **Hair should be removed in a manner to prevent dispersal** - there is now a practice statement that hair should be removed in a manner which prevents dispersal (2.17.16). Loose hair has the potential to contaminate the surgical field as a foreign body on the setup or in the wound, or through contamination by the resident microbes present on hair.

What hasn't changed:

- **Hair removal is not recommended as a standard practice** - it may be utilized in certain clinical situations to prevent interference with the surgical procedure, improve contact with return electrode, ECG or defibrillator pads (2.17.14).
- **Hair removal should be completed using clippers or depilatory agents, never razors** (2.17.16 and 2.17.19). Razors may cause skin abrasions, which can increase the risk of surgical site infection. Reusable clipper handles must be disinfected between uses (according to Manufacturer instructions for use).

All practice statements and rationales relating to pre-operative hair removal can be found in Section 2.17 - Skin Preparation.