Team Approach to Preoperative Hair Removal
Melissa Schmidt, BSN, CAPA, CPAN; Jennifer Johnson, RN, BSN, MS; Ginger Chalker-Parker, MBA, CNA II; Justin Brandt, BS; Christine Valdez, MSN, CNS; Christina Beatty, RN
VA Portland Health Care System, Portland OR

Background
• AORN (Association of periOperative Registered Nurses) recommends removing hair before going into the OR
• Shaving or removing hair with a shaving blade increases the risk of surgical site infection and is not done
• All hair removal is done by clipping with an electric clipper that does not scrape the skin at VA Portland Health Care System
• Prior to September 2014 all preoperative hair removal was done in the OR after patient was under anesthesia
• This practice raised possible contamination of the sterile field/field

Process
• In the simulation lab our Clinical Nurse Specialist provided training to our Certified Nursing Aids on proper clipping technique
• Two weeks of training on the clipping techniques and procedures was completed for first roll out in September 2014
• During the roll out patients gave feedback on the process
• Multiple meetings among staff members were held to discuss what was working effectively and what issues needed addressing
• The PACU RN lead on the project met with each of the Service Chiefs to get buy-in and preferences for each procedure
• Drawings were created for visual aid to identify what part of body to be clipped correlating with surgical procedure
• Medical Media converted the drawings to poster-quality presentation
• November 2014 the project was expanded and additional clippings were rolled out
• February 2015 reviewed process with Surgical Chiefs and updated guidelines
• Trialed Vacuum Clipper system to promote hair containment

According to the AORN Guidelines, January 2015:
• When necessary, hair at the surgical site should be removed by clipping method in a manner that minimizes injury to the skin
• The patient’s hair should be removed in a location outside the operating room or procedure room
• When removing hair outside the operating room or procedure room is contradicted, the patient’s hair should be removed in a manner that prevents dispersal of hair into the air
• Single-use clipper head should be used and disposed of after each patient use. The reusable clipper handle should be disinfected after each use.
• The perioperative RN or (CNA) should document in the patient’s health care record the hair removal method, time of removal and area of hair removed

What Worked
• Staff being trained on how to do the clippings properly
• Staff meetings to discuss and revise the clipping process
• Teamwork and communication to make sure that the process was effective and smooth
• Incorporating team member’s ideas into the process. For example, one idea was putting a sheet down prior to a cardiac clipping then removing the sheet after clipping to help keep the linen on stretcher clean and free of hair

Challenges
• Varied and diverse provider preferences
• Time constraints in the PreOp Holding Area
• Clipping Prior to Going to OR delayed in October 2014 until everyone was in agreement on which patients were clipped and the specific areas to be clipped were standardized
• Proper disposal of hair removed and keeping linens entering the OR free of hair
• Interruptions during the clipping process affecting patient’s privacy
• Barriers and delays to trial and purchase new equipment

What’s Next
• Use of a sign on patient privacy curtains stating: Clipping in Process
• Poster for display in two locations and a notebook for reference, used for identification of clipping that correlates with surgical procedure
• All Holding staff educated and signed off on the clipping process and what is involved
• A process is in place for when clipping is in process patient privacy signs to provide back-up to CNAs
• Time management for patient privacy and efficiency
• Continuation of Process Improvement
• Review process with surgical chiefs to update drawings for selected procedures
• Evaluate additional hair removal equipment

References

Acknowledgements
This project was not possible without the support an expertise of our medical media department (Michael Moody & Lynn Kitagawa)
This material is the result of work supported with resources and the use of facilities at the VA Portland Health Care System
The contents of this presentation do not represent the views of the U.S. Department of Veterans Affairs or the United States Government
Thank you to Derek Thomason, CNA II, for ongoing, dedicated support on the front lines.