

Version: 2 FOI Status: <b>Public</b>	DSG Safety Guidance – Wet Shaving	Issued: October 2017 Review Due: October 2020
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## Departmental Safety Guidance – Wet Shaving

Review/Issue Date	Any Changes Required	By Whom
April 2014	Yes	Trevor Thacker
August 2017	No	Trevor Thacker

### Introduction

As a result of the Personal Choice Agenda it has been identified that some Adult Care clients, who receive services in both home care and in residential establishments may wish to have a ‘wet’ shave, rather than be shaved using an electric razor.

Whilst this is not the preferred option of the department, it is recognised that people do have the right to make that choice.

This guidance provides advice on issues that will need consideration to enable a suitable and sufficient risk assessment to be carried out for the activity. A risk assessment specific to each client will be required, based on their needs, wishes and previous shaving practices.

### Considerations for the Risk Assessment

- Where possible, continue to support as they have been shaved before they entered care.
- Consult with their GP regarding known infections, skin conditions or other medical condition that may make wet shaving inappropriate for that person.
- **Any person who is prescribed warfarin or other blood thinning agents must not be wet shaved.**
- Where a client does not have mental capacity, permission to wet shave will be required from their advocate who will need to sign the risk assessment. This must be recorded as a ‘best interests’ decision.
- The razor to be provided or designated by the client e.g. brand, disposable, replacement blades/cartridge etc. This must be recorded in the Personal Service Plan.
- Soap to be provided by client e.g. brand, gel, aerosol, soap stick and brush etc. This must be recorded in the Personal Service Plan.
- Where they have capacity, the client to decide when blade is to be changed, usually every 7 – 8 days, depending on how often shaving takes place.
- Water temperature should be as warm as possible, without scalding. This must be recorded in the Personal Service Plan.

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- Pre-shave or after shave lotions, balms or moisturisers to be provided by the client and stated in the Personal Service Plan. Not to be recorded on MAR sheet unless prescribed.

## Guidance on Wet Shaving

### Pre- Shave

#### Equipment required:

Sharp razor; shaving soap, gel or cream; shaving brush (optional); shaving mug or bowl (if brush is to be used); hot towel (optional); after-shave balm or moisturiser (optional); clean towel to dry the face.

Wet shaving is a form of 'personal care'. Staff must wear disposal gloves, aprons and any other Personal Protective Equipment (PPE) identified in the person specific wet shaving risk assessment. Staff must also follow universal precautions for the duration of the shave.

1. Allow at least 10 minutes from the client getting out of bed before shaving commences.
  2. Ensure the resident's face has been washed.
  3. Dampen the face with warm water or a warm face cloth. This has the effect of swelling the shafts of facial hair, making it easier for the razor to give a close shave.
  4. If a shaving brush is to be used:
    - Soak the brush in hot water for about 10 minutes
    - If a soap stick is to be used, work the brush and soap stick together to form a thick lather using a shaving mug or bowl
    - If a cream or gel is to be used, place a small amount of cream/gel in the centre of the brush
    - Apply lather to the face using a circular motion. To apply more lather, wet the brush with warm/hot water and re-apply to the face, again using a circular motion.
- If a shaving brush is not to be used:
- Apply a small amount of cream or gel to the finger tips.
  - Apply to the face using a circular motion.
5. Wipe soap from the lips and nostrils using a face cloth or towel.

### The Shave

1. If necessary, tighten the skin by applying a small amount of pressure with the fingers below the point to be shaved.
2. Apply the razor to the face.

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3. Shave in the direction of the grain of the stubble. Shaving against the grain of the stubble can cause redness, razor burns or soreness.
4. Use slow, deliberate strokes.
5. Rinse the head of the razor in warm/hot water after every stroke.

### **After the Shave**

1. Rinse the face in cold water to remove any residue soap. Pay particular attention to under the nose and around the lower part of the ears.
2. Dry the face using the towel.
3. Apply after-shave balm or moisturiser (optional). This will help to sooth the face.
4. Rinse the shaving brush (if used) thoroughly in warm water.
5. Squeeze the head of the brush and flick it a few times to remove excess water.
6. Place the brush on a brush stand, with the head pointing down so that water can drip away from the base of the brush hair. This will help maintain the condition of the brush.

### **If the Client Suffers a Cut during the Shaving Process**

- Normal first aid procedures for dealing with a cut should be followed
- An online incident report form must be completed
- A copy of the above form must be entered onto the case management system on the client's personal file.
- If the client is taken directly to hospital as a result of the cut the Adult Care Health and Safety section will notify the Health and Safety Executive (HSE).