Letter to the Editor

Hair care during COVID-19: Practical tips for health care workers

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Dear Editor,

Hair care comprises an integral part of our daily hygiene and is essential because it not only determines the health of the hair but also the body parts (scalp, axillae, pubic area, etc.) they cover. The importance of hygiene, particularly hand hygiene, during the current coronavirus disease (COVID-19) has been highlighted by the World Health Organization.¹ The health-care professionals (HCPs) working in a hospital environment and patients visiting the hospital are exposed to moderate- to high-risk areas of acquiring and transmitting the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).² The importance of hygiene, for them, does not stop at just washing/sanitizing hands and using facemasks but rather encompasses the entire body – hair care is one of them. While there is a large amount of information focusing on hand hygiene, personal protective equipment (PPE), and general measures,¹² some practical tips and suggestions are worth incorporating, during the COVID-19 pandemic, in routine hair care practice.

1. Scalp hair
   - Head cap/cover: It is better not to leave the hair open during hospital hours. Covering the entire scalp hair with surgical head cap/PPE becomes important during COVID-19.¹ Hair should ideally be kept short or tied as a tight bun making sure that no hair is emerging out from the head cap. Hair emerging out of the caps may interfere with the hospital activities and can also provoke spontaneous self-touch on face and neck with hands.
   - Head wash: For washing, a mild shampoo (preferably sulfate free) should be used for at least 20 s and the lather can be left for another 20 s. Daily wash may be required; in case, hospital duties are on consecutive days. An ideal shampoo for daily wash should contain mild detergent and the pH should not exceed 5.5.³ The use of conditioner may help in reducing hair friction, minimize frizz, and detangle the hair.
   - Hair styling products: It is better to avoid the use of hair oil, hair gels, and other styling products. These tend to attract more dust and can also compromise the protective effect of head cap.
   - All hairpins and bands used during the hospital stay need to be sanitized or disposed of as per the biomedical waste management protocol of the hospital.
   - Habitual self-touch of hair with hands is common. HCPs aware of such habits need to modify/avoid this through a positive reinforcement strategy.
   - Hair extensions/hair fibers/hair wigs are better avoided.
HCPs should use a separate comb and should not share it with another person.

- Minoxidil, wherever applicable, is better avoided before hospital duties as it might induce itching on the scalp[^4] and make the hair sticky, potentially compromising the effect of PPE.
- Hair coloring agents and hair straightening agents are better avoided given the potential to incite allergic/irritant reactions by these agents.[^5]

2. Axillary and pubic hair
- The axillary and pubic hairs are better kept trimmed or shaved.
- Pubic hair grooming should be done with care, as it is associated with potential risks of injuries.[^6]
- The region should be washed with soap for at least 20 s before and after the duty.
- The Middle East and Central Asia committee recommend the use of a hypoallergenic liquid wash with mild detergency and pH 4.2–5.6 for genital hygiene.[^7]
- Antiperspirants can help reduce sweating in this region.

3. Beard hair
- The Centers for Disease Control and Prevention recommends specific beard styling such as clean shaven, soul patch, side whiskers, pencil, toothbrush, lampshade, zorro, zappa, walrus, painter’s brush, chevron, and handlebar to ensure that the filtering facepiece respirators are well fitted on face.[^8]
- Full stubble, full beard, and mutton chop beard styles are best avoided as they have a high potential to interfere with the facemask protective efficacy.
- A thick beard has the potential to repeatedly get entangled with the inside of the mask, resulting in repeated touching and adjusting of the face mask by the HCP. Moreover, longer beards may not completely fit inside the mask, serving as a potential nidus for infections.
- A heavy beard results in enhanced sebum secretion in the area, and this combined with the occlusion and humid environment provided by the PPE, results in an environment suitable for the occurrence of bacterial infections of the hair follicle (folliculitis, furunculosis, and abscesses).
- A moustache alone may be kept; however, it should not extend beyond the seal of the facemask.
- Face wash with a mild, non-soap, and cleanser should be used pre- and post-duty.

The current COVID-19 pandemic demands the HCPs to be extra vigilant in maintaining their hygiene. Hand hygiene and PPE remain our first line of defense against SARS-CoV-2. HCPs should also be aware of other aspects of hygiene like hair care. A simple change in approach toward hair care is essential during these extraordinary times.

**Declaration of patient consent**

Patient’s consent not required as there are no patients in this study.

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There are no conflicts of interest.

**REFERENCES**

1. World Health Organization. Critical Preparedness, Readiness and Response Actions for COVID-19-7; 2020. Available from: https://www.who.int/publications-detail/critical-preparedness-readiness-and-response-actions-for-covid-19. [Last accessed 2020 Apr 6].

2. Wang J, Zhou M, Liu F. Reasons for healthcare workers becoming infected with novel coronavirus disease 2019 (COVID-19) in China. J Hosp Infect 2020. DOI: 10.1016/j.jhin.2020.03.002.

3. D’Souza P, Rathi SK. Shampoo and conditioners: What a dermatologist should know? Indian J Dermatol 2015;60:248-54.

4. Rossi A, Cantisani C, Melis L, Iorio A, Scali E, Calvieri S. Minoxidil use in dermatology, side effects and recent patents. Recent Pat Inflamm Allergy Drug Discov 2012;6:130-6.

5. Dias MF. Hair cosmetics: An overview. Int J Trichology 2015;7:2-15.

6. Rowen TS, Gaither TW, Awad MA, Osterberg EC, Shindel AW, Breyer BN. Pubic hair grooming prevalence and motivation among women in the United States. JAMA Dermatol 2016;152:1106-13.

7. Arab H, Almadani L, Tah lak M. The middle east and central Asia guidelines on female genital hygiene. BMJ Middle East 2011;19:99-106.

8. Facial Hair Styles and Filtering Facepiece Respirators. Available from: https://www.cdc.gov/niosh/nptl/pdfs/ facialhairwmask11282017-508.pdf. [Last accessed 2020 Apr 6].

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