Department of Health

Uniforms and workwear:

Guidance on uniform and workwear policies for NHS employers

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Uniforms and workwear:

Guidance on uniform and workwear policies for NHS employers

Introduction

In 2007, the Department of Health published the guidance document: *Uniforms and workwear: An evidence base for developing local policy*. Although the phrase never appeared in the text, it has become widely known as the 'bare below the elbows' guidance.

Since its publication, the guidance has been widely adopted throughout the NHS. It has been used to support the specific requirements of the Health and Social Care Act 2008 Code of Practice relating to uniform and workwear policies, and the need to ensure that they support effective hand hygiene.

A range of comments and feedback has been received from employers and staff as local policies have been implemented. This document takes account of the feedback and offers further advice on dealing with some of the cultural issues associated with workwear.

The revised guidance contains no significant changes, but offers some new and modified examples of good and poor practice. It reaffirms the principles set out in the original guidance, with a particular focus on how staff should be dressed during direct patient care activity. A definition of 'direct patient care activity' is set out in Appendix A.

The development of local uniform policies and dress codes remains the responsibility of individual organisations.

Note: This guidance does not cover Personal Protective Equipment (PPE) worn specifically to protect staff against one or more risks to their health or safety, for example disposable aprons. Trusts will need to decide locally where to draw the line between uniforms and PPE.

The objectives: patient safety, public confidence, staff comfort

1. Patient safety

Effective hygiene and preventing infection are absolutes in all healthcare settings. Although there is no conclusive evidence that uniforms and workwear play a direct role in spreading infection, the clothes that staff wear should facilitate good practice and minimise any risk to patients. Uniforms and workwear should not impede effective hand hygiene, and should not unintentionally come into contact with patients during direct patient care activity. Similarly, nothing should be worn that could compromise patient or staff safety during care, for example false nails, rings, earrings other than studs, and necklaces. Local policies may allow a plain ring, such as a wedding ring.

2. Public confidence

Patients and the wider public should have complete confidence in the cleanliness and hygiene of their healthcare environment. The way staff dress is an important influence on people's overall perceptions of the standards of care they experience. Uniforms should be clean at all times, and professional in appearance. In addition, although there is no evidence that wearing uniforms outside work adds to infection risks, public attitudes indicate it is good practice for staff either to change at work, or to cover their uniforms as they travel to and from work.

Patients and visitors also like to know who is who in the care team. Uniforms and name badges can help with this identification.

3. Staff comfort

As far as possible, subject to the overriding requirements of patient safety and public confidence, staff should feel comfortable in their uniforms. This includes being able to dress in accordance with their cultural practices. For example, although exposure of the forearm is a necessary part of hand and wrist hygiene during direct patient care activity, the uniform code should allow for covering of the forearm at other times.

The evidence base

The 2007 guidance was informed by two extensive literature reviews conducted by Thames Valley University (TVU1 and TVU2), and practical research on washing of uniform fabrics carried out at University College London Hospital (UCLH). It also incorporated recommendations from the Hand Hygiene Task Force (HHTF).

No evidence has emerged to challenge the findings of these reports.

TVU1: a literature review of evidence around the role of uniforms in the transfer of infections, and effectiveness of laundry methods in removing contamination.

TVU2: a literature review of evidence on how uniforms affect the image of individuals and the organisations they work for – and the importance that people attach to this.

UCLH: practical work to establish the effectiveness of domestic and commercial laundering methods in removing micro-organisms from uniform fabrics.

HHTF: the guidance includes recommendations from the Healthcare Infection Control Practices Advisory Committee and Hand Hygiene Task Force: *Morbidity and Mortality Weekly Report* 2002; 51 (No. RR-16).

The legal context

Legislation affecting uniforms and workwear has two main areas of focus:

1. a primary concern with health and safety, along with the requirement to prevent the spread of infections; and
2. employment equality for staff in terms of age, disability, gender, sexual orientation, race and ethnicity, religion or belief, human rights.

The way in which local policies are designed and implemented can minimise the risk of any challenge to uniform and workwear codes. The key factors are:

- clarity of meaning, supported by practical examples of what is required;
- consistency in the application and observance of dress codes; and
- robust reasons for each requirement of the policy.

Employers should consult with staff on their uniform and workwear policies, and keep them under regular review.

Legislation that deals specifically with uniforms and workwear in healthcare settings is listed in Appendix C.

Washing uniforms and workwear

All elements of the washing process contribute to the removal of micro-organisms on fabric. Detergents (washing powder or liquid) and agitation release any soiling from the clothes, which is then removed by sheer volume of water during rinsing. Temperature also plays a part.

Scientific observations and tests, literature reviews and expert opinion suggest that:

- there is little effective difference between domestic and commercial laundering in terms of removing micro-organisms from uniforms and workwear;
- washing with detergents at 30°C will remove most gram positive micro-organisms, including all meticillin-resistant Staphylococcus aureus (MRSA); and
- a 10-minute wash at 60°C is sufficient to remove almost all micro-organisms. In tests, only 0.1% of any *Clostridium difficile* spores remained. Microbiologists carrying out the research advise that this level of contamination on uniforms and workwear is not a cause for concern.

Good practice – evidence-based

These are recommended good practices based on evidence from the literature reviews, testing and effective hand hygiene procedures.

Good practice	Why	Source
Wear short-sleeved tops and do not wear white coats during patient care activity.	Cuffs at the wrist become heavily contaminated and are likely to come into contact with patients.	TVU1, TVU2
Change immediately if uniform or clothing becomes visibly soiled or contaminated.	Visible soiling may present an infection risk and will be disconcerting for patients.	TVU1, TVU2
Dress in a manner which inspires patient and public confidence.	People may use appearance as a proxy measure of professional competence.	TVU2
Change into and out of uniform at work, or cover uniform completely when travelling to and from work.	There is no evidence of an infection risk from travelling in uniform, but many people perceive it to be unhygienic.	TVU1, TVU2
Wear clear identifiers.	Patients like to know the names and roles of staff who are caring for them.	TVU1

Good practice	Why	Source
Wash uniforms and clothing worn at work at the hottest temperature suitable for the fabric (trusts should take this into account before purchasing uniforms that can only be washed at low temperatures or are 'dry clean only').	A wash for 10 minutes at 60°C removes almost all micro-organisms. Washing with detergent at lower temperatures – down to 30°C – eliminates MRSA and most other micro-organisms.	UCLH
Clean washing machines and tumble driers regularly, in accordance with manufacturer's instructions.	Regular cleaning and maintenance will protect the machine's washing efficiency. Dirty or underperforming machines may lead to contamination of clothing, although there is no published evidence that this presents an infection risk.	UCLH
Have clean, short, unvarnished fingernails.	Clean nails are hygienic and look professional. Long nails are harder to keep clean and are a potential hazard.	HHTF
Tie long hair back off the collar.	Patients prefer to be treated by staff who have short or tidy hair, and are smartly presented.	TVU2

Poor practice – evidence-based

Poor practice	Why	Source
Go shopping in uniform, or engage in other activities outside work.	Even though there is no evidence of infection risk, people perceive there is one.	TVU2
Wear false nails during patient care activity.	False nails harbour micro-organisms and make effective hand hygiene more difficult.	HHTF
Wear any jewellery, including a wrist-watch, on the hands or wrists during direct patient care activity (local policies may allow a plain ring such as a wedding ring).*	Jewellery and watches can harbour micro-organisms and make effective hand hygiene more difficult.	HHTF

*For some clinical staff working outdoors, particularly ambulance teams, a wrist-watch may be essential. Where worn, these wrist-watches must be washable and be removed for hand washing.

Good practice – common sense

These are examples of good practice which need no evidence base. They simply serve the three objectives of patient safety, public confidence and staff comfort.

Good practice	Why?
Wear soft-soled shoes, closed over the foot and toes.	Closed shoes offer protection from spills and dropped objects. Open shoes risk injury or contamination for staff. Soft soles reduce noise in wards.
Have at least enough uniforms available for staff to change each day.	Enables staff to start each day with a clean uniform.
Put on a clean uniform at the start of every shift.	Presents a professional appearance.
Do not overload the washing machine.	Overloading the machine will reduce wash efficiency.
Wash heavily soiled uniforms separately.	Separate washing will eliminate any possible cross-contamination from high levels of soiling, and enable the uniform to be washed at the highest recommended temperature.
Use posters or other visual aids to show who wears which uniform.	Patients and their visitors like to know who is looking after them. Uniforms will help them identify who they may wish to speak to.
Where, for religious reasons, members of staff wish to cover their forearms or wear a bracelet when not engaged in patient care, ensure that sleeves or bracelets can be pushed up the arm and secured in place for hand washing and direct patient care activity.*	Hand hygiene is paramount, and accidental contact of clothes or bracelets with patients is to be avoided.

*In a few instances, staff have expressed a preference for disposable over-sleeves – elasticated at the wrist and elbow – to cover forearms during patient care activity. Disposable over-sleeves can be worn where gloves are used, but strict adherence to washing hands and wrists must be observed before and after use. Over-sleeves must be discarded in exactly the same way as disposable gloves.

Poor practice – common sense

Poor practice	Why?
Wear neckties/lanyards (other than bow-ties) during direct patient care activity.	Ties have been shown to be contaminated by pathogens, and can accidentally come into contact with patients. They are rarely laundered and play no part in patient care.
Carry pens, scissors or other sharp or hard objects in outside breast pockets.	They may cause injury or discomfort to patients during care activity. They should be carried inside clothing or in hip pockets.
Wear jewellery while on duty other than a smooth ring or plain stud earrings.	Necklaces, long or hoop earrings and rings present possible hazards for patients and staff. Conspicuous jewellery can be a distraction and at odds with presenting a professional image.
Wear numerous badges.	One or two badges denoting professional qualifications or memberships may be acceptable. Any more looks unprofessional and may present a safety hazard.
Wear prominent facial piercings or display tattoos.	The issue here is patient attitude and confidence in their care team. For many, particularly older patients, facial piercings and tattoos can be unsettling and distracting. However, tattoos on the forearms and hands must be left uncovered for hand hygiene during direct patient care activity.
Dress untidily and in an unprofessional manner.	Patients and visitors may equate untidy appearance with low professional competence and poor hygiene standards.

Appendix A

Direct patient care activity

The detail of how staff are dressed is most important during patient care activity involving direct contact with patients and their close environment. This includes activity in the following settings:

On the ward

- In the patient area.
- In any activity that involves patient contact.
- Moving between areas within a ward.

In out-patient clinics

Any activity that involves patient contact, for example:

- examining patients;
- wound care; and
- collecting samples for testing.

In treatment and minor surgical procedure rooms

At all times when patients are being treated.

In clinical areas with specific dress requirements

- In operating theatres.
- In intensive/critical care units.
- A&E departments.

Hand hygiene during direct patient care activity requires washing/disinfection*

- before patient contact;
- before aseptic tasks;
- after risk of body fluid exposure;
- after patient contact; and
- after contact with a patient's surroundings.

*Based on the *My 5 moments for Hand Hygiene*, www.who.int/gpsc/5may/background/5moments/en/index.html

Appendix B

Advice from Muslim Spiritual Care Provision in the NHS (MSCP)*

Exposure of the forearms is not acceptable to some staff because of their Islamic faith. In response to these and other concerns, the MSCP convened a group including Islamic scholars and chaplains and multi-faith representatives as well as Department of Health policy-makers and external experts in infection prevention. Based on these group discussions, the MSCP prepared a list of recommendations to ensure that local dress code policies are sensitive to the obligations of Muslims and other faith groups whilst maintaining equivalent standards of hygiene.

Incorporating any of these recommendations into trust policy will have to be agreed in conjunction with clinical managers and the local infection prevention and control team:

- Uniforms may include provision for sleeves that can be full length when staff are not engaged in direct patient care activity.
- Uniforms can have three-quarter length sleeves.
- Any full or three-quarter length sleeves must not be loose or dangling. They must be able to be rolled or pulled back and kept securely in place during hand-washing and direct patient care activity.
- Disposable over-sleeves, elasticated at the elbow and wrist, may be used but must be put on and discarded in exactly the same way as disposable gloves. Strict procedures for washing hands and wrists must still be observed.

Use of hand disinfection gels containing synthetic alcohol does not fall within the Muslim prohibition against natural alcohol (from fermented fruit or grain).

Appendix C

The legal context

Local policies on uniforms and workwear should take account of legislation which specifically addresses work clothing and transmission of infection, principally:

- **The Health and Safety at Work Act 1974, Sections 2 and 3**. Section 2 concerns risks to employees. Section 3 concerns risks to others affected by their work.
- **The Control of Substances Hazardous to Health (COSHH) Regulations 2002**. Information about the relevance of COSHH regulations for infection control is available at www.hse.gov.uk/biosafety/healthcare.htm
- **The Management of Health and Safety at Work Regulations 1999**. These regulations cover patients and others exposed to microbiological infections, and include infection control measures.
- ***Securing Health Together*, the Health and Safety Executive (HSE) long-term strategy for occupational health.**
- **The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance**. This requires that uniform and workwear policies ensure the clothing worn by staff when carrying out their duties is clean and fit for purpose and that such policies should specifically support good hand hygiene.

Employers should also be aware of the provisions of equality and diversity legislation. Valuable guidance on this issue is available at www.nhsemployers.org/EmploymentPolicyAndPractice/EqualityAndDiversity

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