



Bare Below the Elbows : Preventing Crosscontamination Via the Staff's Attire

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Beginning in the 1880s, nurses donned uniforms that were considered to be state-of-the-art protection against illness. The original nurses' uniform was known as the "fever-proof" shield to protect the entire body of the visiting nurse from infection, although it left the face and the hands uncovered (Figure 1). Over the years, the nurse's uniform has changed significantly. Gone are the days of a nurse wearing a starched white dress, white stockings

and shoes, and a white nurse's cap. The typical home care clinician today wears street clothes for home visits. This clothing can become transiently colonized with microorganisms, such as methicillin-resistant *Staphylococcus aureus*, and potentially serve as a fomite for the transmission of healthcare-associated microorganisms as clinicians travel from home to home. Although there are no clinical data at this time that colonization of clothing can cause the direct transmission of microorganisms to patients,

care (i.e., face-to-face contact with a patient, any physical aspect of the healthcare of a patient, including treatments, self-care, and administration of medication; Royal College of Physicians, 2012).

The Society for Healthcare Epidemiology of America (SHEA) has developed recommendations to help prevent the transmission of healthcare-associated infections through healthcare personnel's clothing in nonoperating room settings (Bearman

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it is prudent to consider this possibility.

The "Bare Below the Elbows" (BBE) approach is in effect for inpatient care throughout the National Health Service in the United Kingdom (Department of Health/CNO Directorate/Patient Environment Team, 2010). The Guideline Development Group of the National Institute of Clinical Excellence quality standards defines BBE as:

- not wearing false nails or nail polish;
- not wearing a wrist-watch or stoned rings; and
- wearing short-sleeved garments or being able to roll or push up sleeves when delivering direct patient

et al., 2014). The SHEA guidelines are voluntary but should be considered by home healthcare agencies for implementation. Other considerations for home care and hospice staff's attire during home visits are as follows:

- *Footwear*: Wear closed toed shoes with low heels and (preferably) nonskid soles.
- *Hair*: Restrict movement of long hair to the sides or back if there is a possibility of contact with the patient or their environment when bending over during patient care.
- *Lab coats*: Remove a lab coat (if worn) prior to direct contact with the patient or his or her immediate care environment during home



Figure 1. An example of the "fever-proof" nurse uniform.

visits and launder at least once per week and when visible soiled.

- *Name tags, identification badges, and lanyards:* Move the lanyard (if worn) to the back or tuck it in if there is a possibility of contact with the patient or their environment if bending over during patient care.
- *Scrubs/uniform/street clothes:* Launder attire worn during home visits that comes in contact with the patient or his or her environment after each day of wear. Launder clothing in a hot-water wash cycle (ideally with bleach), followed by a cycle in the dryer.
- *Stethoscopes:* Do not routinely wear a stethoscope around the neck in between patient use unless it is disinfected before and after patient use. Avoid the attachment of decorative attire on the stethoscope (e.g., decorative fabric or stuffed animals when caring for pediatric patients).
- *Jewelry and nails:* Wear minimal jewelry, keep the nail tip length of one quarter inch or shorter and freshly

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polished (if permitted and worn) (McGoldrick, 2014).

We've come a long way from wearing "fever-proof" shields during home visits. A "bare below the elbows" approach is not mandatory at this time (unless required by organizational policy), but home care and hospice clinicians need to be aware of these recommended guidelines to reduce the potential risk of crosscontamination. It is through the implementation of evidence-based strategies such as hand hygiene that we can truly prevent and control the spread of infectious disease to patients in the home. ■

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