ARE YOU NAKED…?

“Are you NAKED below the elbows? Do not enter if you are not.”

UK Department of Health's Bare Below the Elbows campaign

IS THIS THE END OF THE WRISTWATCH IN HOSPITALS? HOW IS BRITAIN DEALING WITH MRSA AND OTHER INFECTIOUS DISEASES? WILL THE WORLD FOLLOW SUIT?

Cleanliness has been established as the most basic as well as the most vital infection control measure since the days of Florence Nightingale. Hospitals are now going back to basics.

According to a study conducted by A.R. Jeans, R.C. Read and colleagues (Sheffield University, UK), presented at the 18th European Congress of Clinical Microbiology and Infectious Diseases in Barcelona, healthcare workers who wear wristwatches are more likely to be contaminated by Staphylococcus aureus. Two consecutive groups of wristwatch wearers and non-wristwatch wearers (n=655) were evaluated to measure the rate of bacterial contamination. Staphylococcus aureus was found on the hands of 25% of the wristwatch wearers, while it was lower in the non-wristwatch wearers.
BRITAIN’S NEW MEASURES SUCCESSFULLY TACKLE HOSPITAL BUGS

The Care Quality Commission (CQC), which is Britain’s regulator for health and social-care, has reported that adherence to clinical cleanliness directives are being taken seriously and that there has been a decrease of MRSA and C difficile infections.

How have they achieved it?

Is it a direct result of “Nil below the elbows?” A new clothing control that ensures good hand and wrist washing by banning long sleeves, watches or jewelry – it has even resulted the death of the traditional white doctors’ coat.

This control was brought into force on the basis of assessments made by the department of health, which established that there is strong evidence that good hand hygiene reduces risk and that the wearing of jewelry or long sleeved clothes compromises effective hand hygiene. This decision was taken despite there being no evidence of a link between contaminated sleeves with microorganisms and subsequent patient infection.

Interestingly, clinical cleanliness was not the only factor responsible for this direction. Even with little evidence that uniforms are a significant source of infection, the public persist in the belief that they are. In turn confidence in the competence of staff – both in respect of the individual and in terms of the National Health Service (NHS) as a whole – is compromised.

The NHS has taken on board the Public’s perceptions, which have interesting been proven to significantly correlate with the rates of MRSA bacteraemia (D.P. Edgcumbe, GP, Cambridge VTS, UK) and recognised that maintaining a professional appearance is as crucial for good relations as improved cleanliness.
HUMAN RIGHTS

A concern with the directive is that some might think that imposing controls on dress may have an effect on a person’s ability to express their religious beliefs and in turn impinge on their human rights.

The conclusion to the implementation of this directive is sensitivity, local determination, compliance to Health and Safety requirements and flexibility to comply with both needs of the service and religious dress codes.

The Islamic community has found a solution to covering the arms – which is as a part of the hijab – with the provision of long disposable gloves to the elbows. The reality now is that 100% of UK Hospitals have enforced nil below the elbow with sub-clauses. The insert shows a typical local clinical cleanliness control policy.

NOT EVERYONE BELIEVES THE HYPE

Despite every effort being made to accommodate all sectors of society, there are many who are not happy with the new rules.

Some doctors feel that rather than promoting a professional appearance, the new controls do the opposite. In a letter to the BMJ, Dr Henderson explained… “My main concern is that there are much more important infection control issues, like bed over occupancy, which are being conveniently ignored. Why ban wristwatches but not wedding rings? What about stethoscopes, pens, pagers? The other issue is that of maintaining a professional appearance, which I believe is extremely important, and which is proving to be difficult for male doctors in particular.”

All jewellery should be kept to a minimum when wearing uniform or delivering direct patient care.
5.4.1 Only 1 plain ring is permitted when delivering direct patient care.
5.4.2 A single discreet nose stud may be worn.
5.4.3 A single small plain stud can be worn in each ear. Wearing of visible jewellery in the eyebrows or other sites is not permitted. Should staff feel, for cultural reasons, that other piercing is essential the line manager must give permission in writing. At their discretion the wearing of small studs only maybe agreed: hoops and chains are not acceptable when delivering direct patient care. Neck chains, if worn, should not be visible when delivering direct patient care.
5.4.4 Wrist watches must not be worn whilst involved in patient care.
He is not alone in feeling that too much emphasis is being put on the hand-washing controls. Dr Vivienne Nathanson, head of BMA science and ethics commented that: “It is very important to emphasise that clean hands, bare elbows, and short sleeves are only one aspect of preventing and controlling infection. A coordinated approach addressing all the relevant factors, for example, dress code, bed occupancy, hygiene in hospital, and isolation policies, is most likely to be successful.”

WHAT THE WORLD THINKS.

Despite these rumblings, “NAKED below the elbows” is here to stay and Britain is not alone with their campaign for clean hands. The establishment of the World Health Organisation’s First Global Challenge on Patient Safety – Clean Care is Safer Care – with more than 60 countries now signed up to this campaign, has given hand hygiene an international platform which few will ignore.

It’s time to buy a fob watch.

By Jessica Gill

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