




Guidance on uniforms and clothing worn in the delivery of patient care



This guidance sets out information on issues related to the selection, wearing and decontamination of uniforms or clothing worn in the delivery of patient care and is aimed at nurses and their employers. It can be applied to all settings in which health care takes place and for any clothing worn when undertaking patient care activities.



Introduction

The professional image presented by nursing staff is an important component in the way nursing in general is regarded by colleagues, patients and the public.

There has been some debate about uniforms and their desirability. While uniforms give nurses a recognisable identity which promotes public trust and confidence, some patients feel it can be intimidating and represents authority.

Nurses and their employers need to keep these issues in mind. If it's not appropriate to wear a uniform in certain situations, then careful consideration needs to be given about how to ensure a health care worker's clothing meets certain essential requirements.

General principles

Uniform or clothing must be smart, safe and practical. It should:

- provide the wearer with mobility and comfort
- be durable enough to withstand decontamination, to minimise cross-infection risks
- contribute to identification for security purposes (for example a security coded name badge)
- project a professional image to encourage public trust and confidence
- contribute to the corporate image that nurses, and their employers, wish to present
- be designed with a client group in mind, reflecting the type of work undertaken.



Organisational requirements

Health care organisations must help their staff to comply with essential good practices with regard to uniforms. Risk assessments and cost benefit considerations need to be addressed and clear policies and guidance set out for staff.

Legal requirements

Health and Safety at Work Act, 1974

Personal Protective Equipment at Work Regulations, 1992

Although this legislation does not include specific requirements for nurses' uniforms, items provided for protection – for example, aprons and gloves – are covered by these regulations. However, a general duty to protect staff at work extends to the type of uniform worn and the decision as to whether a uniform is actually needed. For instance, in some areas of the UK, community nurses feel less vulnerable to attack if they are not in uniform when visiting patients.

Workplace (Health and Safety and Welfare) Regulations, 1992

Changing facilities, including lockers and showers, should be provided so that nurses do not travel from home to work in their uniforms.

Manual Handling Operations Regulations, 1992

This guidance states that clothing should form a part of the assessment process.

National guidance on patient and staff safety

Department of Health (2004) *Standards for better health*

Patient safety must be enhanced by the use of health care processes, work practices and systematic activities that prevent or reduce the risk of harm to patients. Health care organisations need to keep patients, staff and visitors safe by using systems that ensure a reduced risk of infection for patients. There is a particular emphasis on high standards of hygiene and cleanliness needed to achieve year-on-year reductions of infection rates.

National Health Service Executive (1995) *Hospital laundry arrangements for used and infected linen: HSG(95)18*

Hospital laundries are much more effective than a home washing machine as they use thermal disinfection to remove pathogens and reliably reduce the 'bio-burden' (number of organisms) to a safe limit.

Hospital laundries must ensure that:

- thermal disinfection temperatures are achieved and monitored electronically
- washing machines are maintained and calibrated regularly
- quality control mechanisms are in place
- separation of soiled and clean linen is achieved.

Moving and handling of patients

The type, frequency and extent of patient handling will affect the choice of uniform and this should be considered in any risk assessment. Belts, buckles, jewellery and badges can restrict movement and may lead to patients being injured during care, particularly in paediatrics and heavy work. Hats can interfere with free movement when performing patient handling techniques and should not be worn in areas where nurses need to move and handle patients.

Minimum standards should include:

- any uniform must allow unrestricted movement at the shoulder, waist and hips (options include dresses with shoulder vents and skirt pleats, culottes or trousers, tunic tops or polo shirts)
- postures, like bending and reaching, should be undertaken without compromising the dignity of the nurse or patient
- wearer comfort is key, especially if work is being undertaken in a warm environment
- clothing fabric must withstand laundering at the correct temperature required for infection control – fabric containing Lycra or polyester may not endure thermal disinfection processes
- footwear should be comfortable – shoes should be non-slip and provide support while sandals and clogs may not be suitable when undertaking patient handling
- special needs of pregnant staff should be assessed and advice obtained from the occupational health service.



Infection control issues


Studies show that uniforms are frequently contaminated by disease-causing bacteria, including *Staphylococcus aureus*, *Clostridium difficile*, and glycopeptide-resistant enterococci (GRE), which presents a potential source of cross infection in the clinical setting (Speers, 1969; Babb, 1983; Perry, 2001).

Maximum contamination occurs in areas of greatest hand contact, for example, pockets, cuffs and apron areas (Babb, 1983; Wong, 1991; Loh, 2000) allowing the re-contamination of washed hands. Higher numbers of organisms have been found on the hands of staff wearing rings and the presence of rings has also been shown to decrease the effectiveness of hand washing (Salisbury, 1997).

While hand hygiene is well-recognised as the single most important factor in the prevention of cross infection, contact transfer of bacteria from uniforms leading to infection has also been described (Hambraeus, 1973 and 1977).

The risk assessment process within any health care setting must consider clothing as a potential route for cross infection. The following minimum safety standards (page 7) are offered as guidance for risk management.





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Minimum organisational standards

- Written guidelines for uniform laundering must be agreed and approved by the infection control team or director of infection prevention and control (DIPC).
- There must be sufficient uniforms provided so freshly laundered clothing can be worn for each shift or work session.
- Fabric must be capable of withstanding water temperatures of at least 65°C.
- Access to spare clothing if staff clothing items become contaminated (for example, splashed with blood and/or body fluids).
- There must be access to a laundry disinfection service for visibly/excessively contaminated uniforms or agreement about safe alternative arrangements (for example the disposal and replacement of contaminated items).
- If routine laundering facilities aren't available, an organisation must advise staff what it considers to be appropriate in these circumstances.


Developmental standards

- Acute health care settings must provide adequate laundering facilities for staff uniforms, so staff can wear clean uniforms for each shift.
- All acute health care settings must provide adequate changing facilities for staff.
- Staff working at a designated site must be given adequate changing facilities.



Minimum professional and personal standards

- Staff must change out of their uniform promptly at the end of a shift.
- Staff must presume some degree of contamination, even on clothing which is not visibly soiled.
- Hands must be washed after handling fabric.
- Uniforms must be carried separately from other items – clean and dirty uniforms must not be transported together.
- Hand washing clothing items is ineffective and unacceptable.
- Entering commercial premises in uniform/clothing is unacceptable.
- Community staff should travel directly between locations.
- Staff must follow an organisation's dress code and guidance on the wearing and decontamination of uniforms.
- Staff should not wear jewellery; fingernails should be short and free of nail varnish (false nails are unacceptable) and hair should be worn neatly in a style that does not require frequent re-adjustment.
- The use of protective clothing, including aprons, must be based on a risk assessment and published best practice guidelines (Pratt, 2001; NICE, 2003). Plastic aprons must be worn when assisting patients with toileting, bathing or any activity which may result in the dispersal of pathogens (like bed-making) and/or procedures causing splashing of blood and bodily fluids.



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Suggested content for uniform policy/guidance

- Local policy should be agreed and approved by the infection control team/DIPC/DPH.
- Laundering facilities must be defined. Where no facilities are provided, alternative arrangements must be detailed.
- Guidance on changing facilities provided or which areas of the health care setting are felt suitable to be used by staff for changing.
- If laundry facilities are not provided by the employer there should be guidance on what staff should do in the event of the uniform becoming splashed with blood and body fluids.
- If laundry facilities are not provided, guidance should be made available on handling and decontaminating socially soiled uniforms
 - wash separate from other items, in a washing machine at 65°-71° centigrade
 - wash in laundry detergent in the quantities advised by the manufacturer (type, for example biological etc is not important)
 - dried quickly, or tumble dried, and ironed
 - stored in a plastic bag, to prevent contamination with dust or other pollutants.
- Routine frequency for when the uniform should be changed and circumstances where the uniform should be changed immediately (this should include emergency procedures in the event of contamination with blood or body fluids).
- Guidance on what additions are acceptable (for example, jackets, coats, cardigans – when these can and cannot be worn) and thermal disinfection requirements.
- Guidance on adaptation to comply with religious beliefs, while maintaining good practice in infection control.
- Reference should include other relevant policies including the appropriate use and disposal of protective clothing such as plastic aprons, and the policy on the wearing of theatre clothing – scrubs, masks, hats.

Special notes

Further advice can be obtained from local infection control teams and trade union representatives.

Tax relief

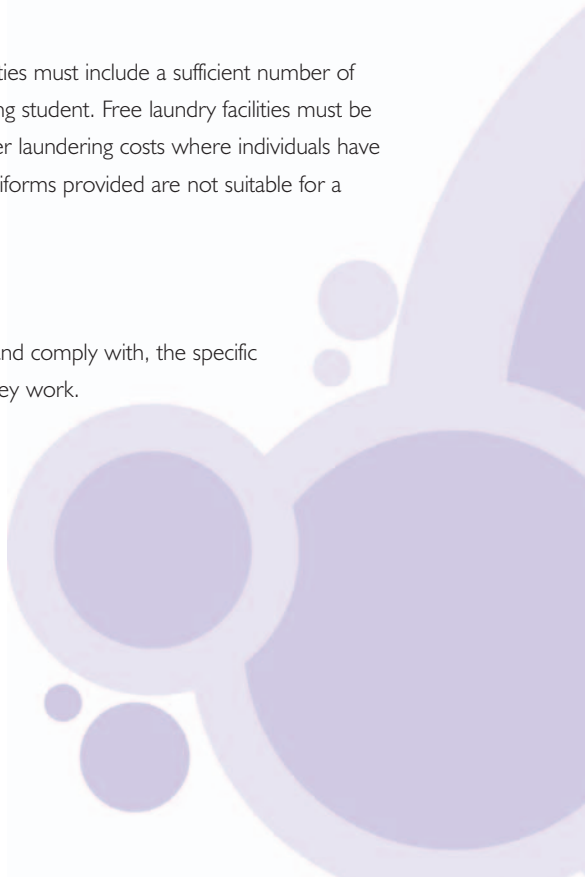
Tax relief is not applicable if your employer provides laundry arrangements, or if you chose not to use these facilities. However, nurses can claim tax relief in respect of laundry costs where they have to pay for laundering their uniform. Copies of the form and more information is available from RCN Direct on **0845 772 6100** or your local Inland Revenue office.

Nursing students

Practice placement providers and universities must include a sufficient number of uniforms provided at no cost to the nursing student. Free laundry facilities must be made available, with an allowance to cover laundering costs where individuals have to do their own laundry, or where the uniforms provided are not suitable for a particular placement.

Bank and agency staff

Bank and agency staff must be aware of, and comply with, the specific uniform policy in place at each location they work.



References and further reading

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