Bare below the elbows policies: unnecessary bureaucracy

A knee-jerk reaction is defined in non-medical terms as 'an automatic readily predictable response', while the classical medical definition emphasizes that the outgoing message bypasses the core of the central nervous system. The current bare below the elbows policy, as advocated by the Health Secretary Alan Johnson in September 2007, seems to fit these definitions. It is an ill thought-out and evidence-deficient policy that was more of a response to the popular press than a true solution to the problem of hospital-acquired infections. This editorial looks at some of the key elements in that policy as well as some of the others that should have been included in the original package to tackle hospital-acquired infection.

The policy

The bare below the elbows policy includes wearing short sleeves, not wearing a wrist watch or jewellery and not wearing ties when carrying out clinical activities. The Department of Health refers to 'Uniforms and Work wear: an evidence base for developing local policy' (Department of Health, 2007). In truth the evidence base is poor and at best may be level 2.

The policy includes advice on what constitutes good and bad practise, including such gems as not carrying pens in outside breast pockets as this may cause injury when moving patients. It refers to a literature review by Thames Valley University as well as research from University College London Hospital NHS Trust, but these studies are not referenced nor are they available on any standard medical search engines. The focus of these studies was on the role of the uniform in disease transmission, public perception of uniforms and various laundry practices of uniforms and materials. The only other reference from the American Centers for Disease Control does not provide the necessary evidence for the policy (Pittet and Boyce, 2002).

The National Institute for Health and Clinical Excellence (2003) and the World Heath Organization (World Alliance for Patient Safety, 2005) infection control guidelines make no mention of sleeve length, or any strong evidence regarding wearing jewellery.

Micro-organisms

There is an abundance of literature that confirms the presence of micro-organisms and definite colonization of jewellery, ties and clothing (Steinlechner et al, 2002; Wongworawat and Jones, 2007). However, there is very poor evidence to correlate this colonization with actual transmission and subsequent infection. Micro-organisms are one of the most successful species in the universe; they are present in bed linen, ward curtains and the very skin of the patients (and their visitors) who are at the forefront of our care. Even in an operating theatre, the 'cleanest' zone of a hospital, micro-organisms exist within very narrow limits.

The bare below the elbows policy oversimplifies a concept for the sake of the media and ignores other factors such as over-occupancy of beds, non-adherence to ring-fencing policies and the fact that rates of meticillin-resistant *Staphylococcus aureus* infection were falling before the announcement of this policy.

Bed management

Ring fencing of beds, as described by Biant et al (2004), has proven that infection, specifically the spread of meticillin-resistant *Staphylococcus aureus*, can be reduced. Acute time to admission and the 18-week rule has prevented this from working in most NHS trusts and as a consequence an evidence-based method to reduce infection has been lost. For similar reasons hospitals tend to run at well over 100% occupancy and staff are pressed to ensure that adequate cleaning and preparation of beds takes place before occupancy.

Clothing

Uniforms are perceived to be an infection risk when worn inside and outside clinical settings. A study found that the trustworthiness of doctors is based on the clothes that they wear (Loveday et al, 2007). However, in an unpublished observation by CA Willis-Owen in January 2009 patients said that they preferred seeing doctors in formal attire and completely dressed rather than half undressed. Jones (2008) also described a lack of evidence for the bare below the elbows policy outside the operating theatre environment.

The reality

Once the Secretary of Health (with the tabloids in tow) announces a policy, the public demand that it is adhered to. The practicalities of this are complicated as the evidence base is poor and the day-to-day implementation of such a policy is fraught with barriers. On a ward there is no provision for a doctor to hang up his/her coat or safely leave his/her belongings. As a consequence there is often a pile of coats and/or bags acting as trip hazard or else the team drags their belongings around from bed to bed. Doctors are no longer guaranteed lockers when they begin a job and personal office space is fast being replaced by communal work space with signs along the lines of: 'Do not leave your belongings here, a thief abounds'.

Another practicality which is not addressed regards not wearing a wrist watch. This implies that doctors should either not have a watch at all or perhaps wear watches that are attached to their shirt like nurses. The former would be a danger for a doctor as a watch is important for calculating heart and breathing rates as well as assessing intervals between drugs and other therapeutic modalities (Jones, 2008), the latter may confuse the patient as to whether he/she is being treated by a doctor or a nurse.

Conclusions

Despite all of this medical professionals are just that: professional. Public perception of and confidence in doctors is important.

The majority of medical professionals are adhering to these policies but would like to see ongoing research with regards to their efficacy and the adherence to previously well-recognized measures to reduce nosocomial infections.

Einstein once said: 'If I had an hour to save the world I would spend 59 minutes defining the problem and one minute finding solutions'. A knee jerk is not the solution to hospital-acquired infections, further research and multidisciplinary input is. As professionals we will abide by new rules and policy; however, it must be made clear that the evidence for these policies is poor if not flawed. BJHM

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KEY POINTS

- There is a very low level of evidence for the bare below the elbows policy advocated by the Department of Health.
- Numerous other evidence-based measures could be introduced to reduce nosocomial infections.
- Doctors are committed to reducing nosocomial infections and would like to see ongoing research to find a solution to this serious problem.
- Despite the poor evidence base health-care professionals must be properly dressed and present themselves in a manner that instills confidence in their patients.