

FOR DISCUSSION

'Bare below the elbows' what's all the fuss about?

Timothy C BIGGS

Southampton University Hospitals NHS Trust,
Southampton, UK

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Key words

CROSS INFECTION – *prevention and control*; INFECTION CONTROL – *methods*; HANDWASHING;
CLOTHING

Sir,

Whilst recently performing clinical work I was asked to remove my metal wristwatch. When asked why I was told that it was a source of infection and that I could be putting my patients at risk of hospital acquired infections. This led me to review the literature surrounding the 'bare below the elbows' initiative and examine whether there was any scientific evidence to support its ongoing implementation.

'Bare below the elbows' was introduced in January 2008 throughout the National Health Service (NHS) in the UK by Alan Johnson the secretary of state for health. The initiative banned wrist watches, jewelry,

white coats, ties and long sleeves whilst carrying out clinical activities to enable proper hand washing and show the health professionals as a whole were taking hospital infections seriously.

Doctors were quick to voice their dislike of the new initiative. In December 2007 the British Medical Association's central consultants and specialists committee stated that whilst they 'supported policies aimed at fighting infection rates in hospitals they believe that such policies should be introduced on the basis of clear evidence'.¹ Even the Department of Health's working group on uniforms and laundry

Corresponding author

Mr Timothy Biggs,
Department of Ear, Nose and Throat Surgery, Southampton General Hospital, Tremona Road,
Southampton, Hants SO16 6YD, UK
Email: tim_biggs@ymail.com

demonstrated that 'there is no conclusive evidence that uniforms (or other work clothes) pose a significant hazard in terms of spreading infection'.²

There seems to be no published evidence to support the 'bare below the elbows' initiative in reducing the spread of hospital acquired infections. A study on skin colonisation of doctors concluded that 'hand washing resulted in a statistically significant reduction in colony count and that clothing that is not bare below the elbows does not impede this reduction'.³ Colonisation of clothing does not equate to direct infection of patients, if this was the case then doctors themselves would be banned from the wards as up to 20% harbour MRSA; and one study found 25% of ballpoints were colonised with meticillin-resistant *Staphylococcus aureus*, and 2.7% with vancomycin-resistant enterococci.^{4,5}

Whilst it is commendable that the UK Government wishes to reduce the incidence of hospital acquired infection it seems that the 'bare below the elbows' incentive was rushed and not thought through properly. Indeed there is a lack of compelling evidence within the literature to support its ongoing implementation.

Regular hand washing is highly important in reducing the spread of infection and should take priority over the 'bare below the elbows' campaign.

Conflicts of interest

None declared

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