INFECTION CONTROL

Is there a case for a dress code?

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INTRODUCTION

Healthcare-associated infections (HAIs) have become prominent in the political agenda and following recent well-publicised outbreaks of *Clostridium difficile* and methicillin-resistant *Staphylococcus aureus* (MRSA). Trusts are varying their strategies in reducing HAIs. Alongside control of the use of antibiotics and improving hand washing uptake there have been directives aimed at changing doctors' dress code in order to prevent the spread of infection and improve hospital infection rates. A 'bare below the elbows' dress code for those involved in clinical activity in all Acute Trusts was initiated by the Department of Health.⁽¹⁾

We were interested in obtaining a wider range of views of senior medical staff locally about the new policy, potential solutions for the future and wider comment about infection control in hospital.

METHODS

A survey in the form of anonymous multiple-choice answers was sent to consultants in the Royal Lancaster Infirmary and Furness General Hospital. Questionnaires were sent to each site to consultants of various specialities including obstetrics and gynaecology, paediatrics, surgery, medicine, radiology and anaesthetics. A total of 100 questionnaires were sent out. Each consultant was asked for their views on attire for senior doctors such as themselves and for doctors in training. The options for responses included following the 'bare below the elbows' policy, views on wristwatches and ties and the policy for wearing a uniform. In total, 65 consultants responded to the questionnaire. In a question relating to a scenario in which a uniform was worn, responses included options on wearing it if the trust provided laundering and changing facilities. They were asked for their views on how important a problem they viewed infection to be and how they felt it could be reduced, either by hand washing, dress code, controlling antibiotics or a combination of these. Spaces were provided for any additional comments.

RESULTS

The response rate was 65% and on analysing the results, the doctors were split into sexes for comparison (12 females and 53 males). Consultants in medicine and surgery were the main respondents, reflecting the distribution of specialities in the trust.

My own view regarding attire for senior doctors is:

- a Doctors should dress as they feel is professionally appropriate in the clinical circumstances
- b Doctors should dress as they feel is professionally appropriate in the clinical circumstances but should make every effort to be 'bare below the elbows'
- c Doctors should dress as they feel is professionally appropriate in the clinical circumstances but should make every effort to be 'bare below the elbows' and not wear watches or ties
- d Doctors should wear a uniform like the rest of clinical staff
- e Other

My own view on doctors in training is:

- a Doctors should dress as they feel is professionally appropriate in the clinical circumstances
- b Doctors should dress as they feel is professionally appropriate in the clinical circumstances but should make every effort to be 'bare below the elbows'
- c Doctors should dress as they feel is professionally appropriate in the clinical circumstances but should make every effort to be 'bare below the elbows' and not wear watches or ties
- d Doctors should wear a uniform like the rest of clinical staff
- e Other

I believe hospital-acquired infections:

- a Are an important problem for patients I see
- b Are **not** an important problem for patients I see

If doctors had the option of a uniform:

- a I would consider wearing it if the trust provided and laundered it
- b I would consider wearing it if the trust provided it and would launder it myself
- c I would consider wearing it if the trust provided, laundered it and provided changing facilities
- d I would **not** consider wearing it
- e Other comments

I believe hospital-acquired infections:

- a Can be reduced by hand washing
- b Can be reduced by hand washing and a dress code for doctors
- c Can be reduced by hand washing, a dress code for doctors and controlling antibiotics
- d Can be reduced by hand washing and controlling antibiotics
- e Can be reduced by controlling antibiotics alone
- f Cannot be reduced
- g Other

How should doctors dress?

Most male doctors preferred seniors to dress as they feel is professionally appropriate in the clinical circumstances (22 out of 53). Most female doctors felt they should also be bare below the elbows (4 out of 12). Interestingly, low numbers of doctors thought they should be 'bare below the elbows' and not wear wristwatches or ties. Some additional comments were made included the opinion that wearing ties looks better and that doctors should only follow these rules if there is clear evidence to suggest they are more appropriate.

It would seem that seniors believed much the same for doctors in training except there was a trend towards a uniform for this group. Interesting comments were made stating that juniors should remain distinguishable from other members of staff, although reasons for this were not given.

Would I wear a uniform?

More men than women would consider wearing a uniform if the trust provided it, laundered it and provided changing facilities, whereas most women would consider it if provided

but would be happy to launder it themselves. Many felt that the uniforms must be of a good quality and the rank of the doctor must be clearly identified. The issue was raised about what dress to be worn in outpatients and if dress code should be different depending on where they are working.

Is HAI an issue?

The majority of males and females felt that HAI was an important problem for their patients (45 out of 53, and 11 out of 12 respectively).

Most thought that infection could be reduced to the greatest extent by hand washing and controlling antibiotic use. There seemed to be broad support for the three components of the strategy to reduce HAIs, but perhaps less for a dress code. No doctors felt that infection could not be reduced and interestingly no one felt that controlling antibiotics alone could reduce infection. Additional comments made suggested that infection could be reduced also by reducing the repeated transfer of patients between beds and wards, shared toilets, visitors at bedsides and overcrowded wards.

DISCUSSION

The directive concerning uniform policy and a 'bare below the elbows' policy provoked strong views locally in Morecambe Bay. In particular, this was regarding lack of supporting demonstrable scientific evidence to support these changes. There was also a suspicion that the move to limit the freedom of doctors to dress in the way they preferred or put doctors into uniform was the feeling that these changes were was purely reactive and politically driven. We have examined the dress code policy from two perspectives:

- Is there a significant infection control issue that can be resolved by a particular policy?
- Is the professional standing of doctors enhanced or diminished by such a policy?

Doctors' dress code has changed over the years from the traditional white coat to a less formal style of dress. This change may have been moulded by a combination of tradition, fashion and by changes in social expectations, such as a greater number of female doctors in medicine with no clearly defined dress code. Also, a move away from medical paternalism may have led to fewer doctors wearing white coats. White coats may act as a form of identification and once were thought to be a barrier to infection; however, there have been recent claims that white coats may be a source of infection, especially when worn inside and outside of clinical settings.

Although uniforms and white coats become progressively contaminated in use with bacteria of low pathogenicity from the wearer and of mixed pathogenicity from the clinical environment and patients, the hypothesis that clothing could be a vehicle for the transmission of infection is not supported by existing evidence.⁽²⁾

Uniforms for hospital doctors offer a practical solution to the dilemma of dress, and indeed it is said that some senior medical staff at Lancaster can be seen in patient areas in nurse's uniform – a controversial and dramatic change from late-20th-century practice. So far there is no conclusive evidence that uniforms pose a significant risk in terms of

spreading infection. A ten-minute wash at 60 degrees Celsius is sufficient to remove most micro-organisms. In tests which have been carried out, the only organisms left after washing were a small number of *Clostridium difficile* spores (less than 10%). Microbiologists advised that this level of contamination is not a cause for concern. MRSA is completely removed after a 30 degrees Celsius wash. There is no conclusive evidence of a difference in effectiveness between commercial and domestic washing for the removal of micro-organisms.⁽³⁾

An important consideration for any dress code policy for medical staff is that patients want to know who is treating them and often have expectations of how doctors should dress.⁽⁴⁾ They may even judge a doctor's professionalism based on the clothes worn. The policies that may be implemented should, therefore, ensure that a professional appearance is also maintained. However, the public perception of social and microbiological significance of uniforms is at odds with the existing microbiological evidence. The public perception is that uniforms do pose a risk when worn inside and outside of clinical settings.⁽⁵⁾

This is reinforced by the media and lack of clear accessible information, and may have a damaging effect on the relationship between professionals and patients. Again, no good evidence was found to suggest that uniforms are a significant risk or that home laundering is inferior to commercial processing of uniforms. It is essential that the evidence is considered in a balanced way and not over-emphasised in the development of uniform policies and general principles of infection control should still be stressed.

CONCLUSIONS

We examined the views of senior doctors in Morecambe Bay hospitals regarding infection control and attitudes towards proposals to control HAIs, in particular a dress code. The majority of senior doctors feel they should dress as they feel is professional and should follow infection control measures if they have been scientifically proven to reduce contamination. Most feel that a uniform would be acceptable if the hospital provided laundering and changing facilities; however, it was suggested the rank of doctor should remain easily identifiable. A greater proportion of females were prepared to adopt a 'bare below the elbows' policy. Wristwatches and ties were thought to be important items for doctors of all levels to wear. This view is not shared by the British Medical Association, who give a list of recommendations very relevant to this discussion,⁽⁵⁾ although discussion with the Local Negotiating Committee (LNC) is advised.

Dress codes and hand washing alone were not considered to significantly reduce infection, and controlling antibiotic use seemed to be the most important measure for reducing infection rates. Other important factors contributing to infection were the transfer of patients and overcrowded wards. Some doctors feel the dress code should depend on where they are working, whether on the wards or in an outpatient clinic. Patients' expectations of their consultant's professional appearance during these consultations is often cited as a reason to continue as before; however, this is subject to current research locally. Some evidence suggests that a smile may be more important than the exact dress appearance (within reason).⁽³⁾

REFERENCES

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2. Wilson JA, Loveday HP, Hoffman PN, Pratt RJ. Uniform: an evidence review of the microbiological significance of uniforms and uniform policy in the prevention and control of healthcare-associated infections. Report to the Department of Health (England). *J Hosp Infect* 2007;66(4):301-7
3. Lill MM, Wilkinson TJ. Judging a book by its cover: descriptive survey of patients' preferences for doctors' appearance and mode of dress. *Br Med J* 2005;331:1524-7
4. Loveday HP, Wilson JA, Hoffman PN, Pratt RJ. Public perception and the social and microbiological significance of uniforms in the prevention and control of healthcare-associated infections: an evidence review. *Br J Infect Control* 2007;8(4):10-21
5. www.bma.org.uk/ap.nsf/Content/CCSCdresscode051207 (accessed June 2008)

We are grateful to the BMA for allowing us to publish the following extract from their website, which the reader is encouraged to visit (www.bma.org.uk/ap.nsf/Content/CCSCdresscode051207).

“ The CCSC is particularly concerned that the Secretary of State's 'bare below the elbows' policy is not supported by demonstrable scientific evidence and was issued hastily in response to an intense period of media focus on the issue. The CCSC and the wider BMA support evidence backed policies aimed at fighting infection rates in hospitals but believes that such policies should be introduced on the basis of clear evidence and in partnership with clinicians locally. If such policies are to be meaningful and effective, it is vital that consideration be given to what supporting resources might be necessary. Specifically, thought should be given to who might be responsible for the provision of the facilities necessary to enable NHS workers to meet the new regulations.

One of the important findings in the literature reviews underpinning this move was that patients want to know who is treating them and that they judge the professionalism and trustworthiness of doctors based on the clothes that they wear. LNCs should ensure that whatever local policies are implemented, assist in maintaining a professional appearance. ”

REVISED ANTIBIOTIC GUIDELINES

Judicious use of antibiotics is a vital part of our efforts to reduce the incidence of *Clostridium difficile* in the Trust. It will also have benefits in reducing side effects of antibiotic use, and may help in the control of MRSA.

Revised guidelines have been circulated to all consultant staff caring for adult patients. These advise appropriate treatments for common conditions in hospital inpatients. The emphasis is on the use of narrow-spectrum antibiotics and those considered less likely to provoke *C. difficile*. We need your comments on the guidelines, as we want them to be agreed and implemented ready for the new intake of junior doctors in August.

This is a serious matter: compliance with the guidelines will be audited.

Please give us your feedback, whether positive or negative. If we don't hear from you then we don't know what you think!

Send comments to:
Sue Partridge, Pathology Department, FGH, or
David Telford, Pathology Department, RLI