Letter to the Editor

Dear Editor

I would like to respond to the article 'Infection Control'⁽¹⁾ in the Summer 2008 MBMJ, and in particular the quote from the BMA inserted at the end of the article. The statement that a 'bare below the elbows' policy is not supported by demonstrable scientific evidence is regularly trotted out by medical staff challenged over non-compliance with such a policy. This is not surprising: a recent report from King's College⁽²⁾ states that 'the supporting evidence base for effective interventions to prevent HCAs is actually fairly slim'. This again is not surprising given the youth of infection prevention and control as a speciality and the difficulty of conducting randomised controlled trials in this field.

However, one area of infection prevention that does have a solid evidence base is hand hygiene,⁽³⁾ and I was heartened to read that most of the medical staff who responded to the survey recognised the importance of hand hygiene in

preventing cross infection. It can also easily be demonstrated, with a simple test involving fluorescent cream and an ultraviolet light, that you cannot effectively clean your hands while wearing long sleeves or a wristwatch. This is why our hand hygiene policy⁽⁴⁾ states, in line with the relevant national guidance,⁽³⁾ that sleeves should be rolled up and watches and jewellery removed as preparation for hand hygiene. As the minimum standard for hand hygiene is to clean the hands before and after every patient contact, it makes sense to ensure that anyone working in a clinical capacity is ready and able to carry it out effectively, hence 'bare below the elbow'.

The 'bare below the elbow' initiative also helps to provide reassurance to patients and leadership to colleagues (particularly in the case of consultants) that the individual concerned takes infection prevention seriously, recognises that hand hygiene is key to this, and is prepared to put up with minor inconvenience to make sure that it can easily be carried out whenever necessary. The possibility of contracting a healthcare-associated infection causes fear and distress to patients and relatives, and is inextricably linked with the public perception of the quality of the care provided by health services; we must not only to do all we can to reduce the risk of infection but also be seen to be doing it, to reduce the anxiety felt by patients and ensure that they have an accurate perception of the quality of healthcare that we provide.

Paul Weaving
Nurse Consultant Infection Prevention
University Hospitals of Morecambe Bay NHS Trust

Deputy Editor, *British Journal of Infection Control*

REFERENCES

1. Cottam C, Hamilton S, Chadwick I. Infection Control: Is there a case for a dress code? MBMJ 2008;5(8):226-9
2. Griffiths P, Renz A, Rafferty AM. Infection Control in Hospitals: a Scoping Review. King's College. London. 2008. (Accessed 1.08.08)
Available at: <http://www.kcl.ac.uk/content/1/c6/04/08/39/Infectioncontrolreport.pdf>
3. Pratt RJ, Pellowe CM, Wilson JA, *et al.* epic2: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. J Hosp Infect 2007;65S:S1-S64
4. University Hospitals of Morecambe Bay. Guidance on Hand Hygiene and the Use of Gloves. University Hospitals of Morecambe Bay NHS Trust. 2007

Mr Fielding of CE Barrow, Gentlemen's Outfitters of Lancaster, displays some of the short-sleeved shirts and bow ties that have become fashionable since the 'bare below the elbows policy' was introduced. At £15.25 for a silk bow tie, it's the perfect Christmas present for the consultant who has everything. (Editor)