<table>
<thead>
<tr>
<th><strong>Uniform Policy</strong></th>
<th><strong>Policy Objective</strong></th>
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<tr>
<td>To provide HCWs with guidance on the wearing and laundering of uniforms in NHS Greater Glasgow &amp; Clyde. This policy covers all HCWs excluding caterers whose uniforms are covered in the Food Hygiene Policy.</td>
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1. Responsibilities

HCWs: Follow this policy.

Report to the line manager if they are unable to follow this policy.

Managers: Ensure HCWs follow this policy.

Ensure HCWs have the resources to follow this policy, i.e sufficient uniforms and appropriate changing and laundry facilities.

Ensure laundry is kept in a safe place prior to use.

ICTs: Keep this policy up to date.

Provide educational opportunities on this policy.

Also See also Personal Protective Equipment Policy

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2. INTRODUCTION

- The risk of cross-infection from a uniform which has been properly protected by the correct use of personal protective equipment (PPE) is minimal.

- By following the Standard Precautions Policy, a uniform should be protected from contamination during health care activity. All healthcare activity should be preceded by a risk assessment.

- To further minimise contamination of the uniform, it is recommended that staff do not sit on beds.

- If the guidance below is followed, the risk of taking home infections/micro-organisms on uniforms from the healthcare environment is not an issue. HCWs who provide frequent, intimate and direct patient contact, are most at risk of contamination of their uniforms. Therefore these HCWs should use a clean uniform each day.

- Uniforms in some situations can be considered a corporate identity.

3. UNIFORMS WHICH MUST NOT BE HOME-LAUNDERED

With regard to possible risk of exposure to blood and body fluids, several groups of HCWs’ uniforms are at greater risk of exposure. These groups of HCWs must NEVER take home, or wear home their uniforms to home-launder:

- Theatre staff – including Sterile Service Department Staff.
- Laboratory workers.
- HCWs advised by ICT not to home launder, e.g. during some outbreaks.
- In the PCT where uniforms are not normally worn, the ICT may advise in certain circumstances that uniforms are worn and not home laundered.
- In addition, uniforms which are contaminated with blood or body fluids must not be taken or worn home to home launder.

It is useful in individual settings for managers to agree with HCWs what is classed as “uniform” and what is designated “PPE”.

4. FOOTWEAR - NOT THEATRES

Footwear worn by HCWs should not be considered PPE unless the shoe area is frequently exposed to potential contamination with blood or body fluid. If this is the case then footwear should be supplied that does not allow leakage through the material of the shoe, and the shoe should cover the foot.

Footwear may be considered PPE if the HCW is handling heavy loads when the footwear must offer the feet protection.

5. UNIFORMS WHICH MAY BE HOME-LAUNDERED

Uniforms may be home-laundered provided the procedure below is followed and the uniforms are not from persons/activity listed in section below:

PHPU Tel Nr: 0141 201 4917  http://www.nhsgg.org.uk/content/ default.asp?page=s10_1_1&msite=infectioncontrol
5.1. PROCEDURE FOR HOME-LAUNDERED UNIFORMS:

- Uniforms can be taken home in a plastic bag - the plastic bag is not then reused.
- Uniforms are laundered at a temperature of at least 60°C.
- Uniforms should be washed in washing machines separately from other items.
- Washing machines are loaded in accordance with the manufacturer's instructions and never over filled.
- Hands must be washed after the uniforms are placed in the washing machine.
- Uniforms must be ironed.
- Uniforms are taken back to the hospital in a clean plastic bag and stored appropriately prior to next use.

\textit{NB Any uniform contaminated with blood or other body fluid must go to the organisation's laundry in an alginate bag, and then a laundry bag, as fouled/fouled infected laundry.}

6. AREAS WHERE A UNIFORM IS NOT WORN

If personal clothing is worn it must be able to be laundered at a temperature of at least 60°C and should be protected by the correct use of Personal Protective Equipment. In addition personal clothing which is contaminated with blood or body fluids must not be taken or worn home. Laundering advice should be sought immediately from the ICT. In the event that a contamination occurs, it is advisable that staff have a change of clothing available.

7. DOCTORS’ WHITE COATS

Doctors’ white coats are a sign of a profession and not essential to infection control. They are not an item of Personal Protective Equipment (PPE). There is evidence that they become contaminated during use. A doctor’s white coat used by any HCW is not considered suitable PPE. Care must be taken to avoid ties dangling into inappropriate areas.

If white coats are used they should be removed prior to all invasive procedures/direct patient care and appropriate Personal Protective Equipment, e.g. scrub suit or plastic apron used. Care must be taken to avoid ties dangling into inappropriate areas.

Doctors’ White Coats, if used, must be laundered when visibly contaminated and at least once a week.
8. **Dental Uniforms**
Dental nurses’ uniforms should not be used as PPE. If PPE is required by Dental Nurses, then disposable plastic aprons should be worn. Dentists’ white coat if used as PPE must be laundered when visibly contaminated and at least once per week.

Dental tunics should also not be considered PPE. Appropriate PPE should cover the tunic and be discarded between each patient.

9. **Overalls & Uniforms Worn by Estates & Facilities Staff**
Overalls and uniforms contaminated by blood and body fluid must be changed immediately and sent to the hospital laundry in an alginate bag, and then into a laundry bag, as fouled infected laundry. Disposable overalls may be required in some instances.

10. **Laboratory Coats**
Laboratory coats worn as Personal Protective Equipment in laboratories should be placed in alginate bags, and then into a laundry bag and treated as infected laundry if they become contaminated – otherwise they may be treated as used laundry. They should be changed immediately if they become contaminated, when soiled or at a maximum of weekly intervals.

11. **Theatre Attire**

11.1. **Dress When Leaving Theatre - Cover Gowns/Coats**
There is little or no research-based evidence to show that wearing surgical attire outside the theatre and returning to the theatre without changing into clean theatre suits increases surgical wound infection rates. Practice varies: in the USA there is no recommendation restricting the use of scrub suits to the operating theatre or for covering the suit when out of the operating department whilst in the UK, NATN recommend that ‘all personnel should change into outer clothes when leaving the perioperative environment and don a new set of theatre attire upon their return’.

**Instructions**
- Perceptions from staff, visitors and the public concerning ‘theatre discipline’ suggest that, although there is insufficient evidence, **theatre personnel should wear a fastened, cover gown/coat over theatre suits before leaving the department.**
  - **NB** Theatre staff must not wear and/or take home theatre greens.

11.2. **Theatre Attire Footwear**
The floor surface of the operating department should be kept clean but the effect this has on infection rates remains uncertain. Studies of bacterial contamination of the operating department corridor floors indicate that a change of footwear should occur as far from the operating theatre as possible. Well fitting footwear with impervious soles should be worn and regularly cleaned to remove splashes of blood and body fluid.

**Instructions**
- Special footwear should be worn in the operating theatre.
• All footwear should be cleaned after every use, and procedures should be in place to ensure that this is undertaken at the end of every session.
• The practice of wearing plastic overshoes should cease.
• Theatre footwear should not be worn out with the department.

11.3. CAPS
Caps worn to prevent hair from falling into an open wound or sterile surface should be as supplied – single-use disposable.
Do not wear caps or masks out with the theatre department.

11.4. ATTIRE WHEN VISITING THE OPERATING DEPARTMENT
Visitors who enter the operating department need not change whilst those entering the operating theatre itself, should be properly attired. Parents and other carers are often invited to undergo the ritual of dressing with over-gown and overshoes to accompany the patient to the anaesthetic room. There is no evidence to support this practice, and overshoes have been shown to positively increase contamination risks to the wearer.

Instructions
• Parents and carers accompanying patients may go into the anaesthetic room without the requirement to don theatre attire.
• There is no infection control reason for visitors to the operating department to change their clothes.

12. PROFESSIONAL ATTIRE
For the safety of the patient and HCW:
  Hair: All HCW must wear their hair tied back off the collar if it is at shoulder length or longer.
  Nails: All HCWs involved in clinical care must keep nails clean, with nail tips short and without nail varnish, artificial fingernails or extenders.
  Jewellery: All HCWs involved in clinical care must not wear wrist-watches, stoned jewellery, bracelets or rings (other than 1 plain band).
  Cardigans: Clinical staff should not wear cardigans when performing clinical procedures or when in clinical areas.

13. PURCHASING
It is the duty of purchasers to ensure that uniforms provided for staff can withstand temperatures listed previously.

It is the duty of Managers to ensure that HCWs have sufficient uniforms.

Uniforms which are not taken home should be processed in accordance with NHS Greater Glasgow & Clyde Infection Control Laundry Policy 2003.
14. AUDIT

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Guide</th>
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<tr>
<td>HCWs are familiar with this policy.</td>
<td>Ask HCWs</td>
</tr>
<tr>
<td>HCWs have sufficient uniforms to enable this policy to be followed.</td>
<td>Ask HCWs</td>
</tr>
<tr>
<td>PPE is used to prevent contamination of uniforms</td>
<td>Ongoing assessment</td>
</tr>
<tr>
<td>HCWs are not seen wearing high-risk uniforms home.</td>
<td>Ongoing Assessment</td>
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Result:

Action plan

Date. Signature.

*This audit may be undertaken by ward staff or by ICTs as part of their annual infection control audit programme.*

15. EVIDENCE BASE/REFERENCES


