

ATTIRE

Staff attire

Staff should ideally change into work clothing, e.g. scrub suits, in the workplace. This action should be carried out to prevent transferring micro-organisms from outside the workplace, into the workplace, and vice versa. In addition, there is a strong public perception that wearing protective clothing outside of healthcare environments presents a major risk. Ideally workplace clothing should remain 'on site' this means the laundry of workplace clothing should be carried out in the workplace wherever possible. If not possible, protective clothing should be carried to and from the workplace in a closed plastic bag. Protective clothing should not be worn in areas of food preparation or consumption; if it isn't possible to change then protective clothing should be covered.

Clothing should be visibly clean at all times. Soiled or contaminated clothing must be changed and laundered as soon as possible. It is good practice to remove hair and scale from clothing using an adhesive roller or similar between patients.

Necklaces, ties and scarves must not be worn. Bow ties are acceptable. Wearing stethoscopes and leads around the neck should be avoided wherever possible when handling animals or performing clinical tasks.

Equipment pockets or pouches worn in addition to protective clothing must be visibly clean at all times. Separate pockets or pouches must be used in the main hospital areas and for the surgical theatre areas. These must be laundered once weekly or as soon as they become soiled and / or contaminated.

Laundry

Ideally all workplace clothing should be laundered on site, this includes theatre and non-theatre wear. This should be carried out ideally using a washing machine and tumble dryer separate to those used for animal bedding etc. The same protocol as for laundry of bedding should be used, e.g. high temperature wash followed by high temperature tumble drying.

Footwear

Staff footwear should have closed toes, and be fully immersible in disinfectants, i.e. not crocs or trainers. This will reduce the risk of injury from dropped equipment, e.g. scalpels, needles), scratches from animals etc. and also to protect from contact with potentially infectious substances. Designated footwear, e.g. boots, or disposable shoe covers, should be used in areas where infectious materials are likely to have contaminated the floor, in order to prevent their spread to other areas of the practice. Such footwear should be removed immediately as soon as the contaminated area has been left, and should either be immediately disposed of (if disposable), or left at the entrance of the contaminated area on the 'dirty' side.



Theatre attire

In theatre, there is a need to minimise the risk of microbial contamination of the operating site from the theatre environment. Staff should ideally change into separate theatre clothing, to avoid bringing contamination into the theatre environment, or if this is not possible, staff should avoid contact with non-theatre environments, or cover their theatre clothing with a lab coat, etc.

Although there is limited evidence concerning the use of specific non-sterile theatre wear (scrub suits, masks, hats and overshoes), the general consensus is that the use of non-sterile theatre wear is important in maintaining theatre discipline and may therefore contribute to minimising the risk of surgical site infection (SSI).

It is good practice to discard all used theatre wear prior to leaving the operating area to prevent healthcare workers, patients and visitors being exposed to the risk of contamination. However, there is no evidence that this practice has any effect on the incidence of SSI. The general consensus is that staff should not leave the operating theatre suite wearing non-sterile theatre wear as this is important in the maintenance of theatre discipline and may therefore contribute to minimising the risk of SSI. If it isn't possible change when moving between the practice and theatre environments a coat or other suitable protective garment should be worn.