

Healthcare Attire in the COVID Era

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Dear Editor,

The spread of SARS-CoV-2 has had major implications on a health, economic and social level in the last number of months. With increased attention to infection control, many clinicians who would have worn traditional attire have opted to don surgical scrub suits in an effort to have another layer of PPE between the hospital environment and the community.

Most of the evidence for clothing being a vector for infection is extrapolated from the potential to cause surgical site infections (SSI). A study published in 2018 demonstrated that SSIs are not related to staff clothing when, following an intervention of stringent infection control criteria, SSIs actually increased and were found to be related, unsurprisingly, to the degree of contamination of the procedure and not to staff attire¹.

Further evidence for the contamination of clothing comes from a randomised cross over trial involving 40 ICU nurses. Contamination was found to be highest on the sleeves and the midriff area. This study also showed that scrubs suits interwoven with anti-microbial fabric did not demonstrate a reduction in microbial growth². There has also been evidence to the contrary. When several health services began suggesting the use of short sleeved garments and to discard the traditional white coat worn by clinicians, a UK study group produced evidence that a white coat and a newly laundered short sleeved garment had the same colony count after approximately 8 hours of wear.

Personal attire is likely to be laundered at home. The Association of Surgical Technologists developed a summary of the evidence available up until 2017 which surmised that (1) while evidence of infection transmission was not available, a theoretical risk existed (2) hospital or third party laundering was superior to home laundering (3) a risk of bio film formation within the drum of a domestic washing machine. Evidence to this effect may point towards a more centralised laundering service for hospital scrubs.

The general consensus would seem to show that physicians prefer more traditional attire. While patients of an older generation seem to prefer the more traditional attire of shirt/blouse and white coat, in contrast a younger cohort of patients show a preference for scrub suits. Although the older generation maintained a more traditional preference, this perception appeared to change when they are made aware of the potential for contaminated garments. Overall one of the most compelling features of the clinicians attire was ease of identification³.

In the setting of a virulent pandemic it is prudent to take every precaution to prevent transmission to health care workers, particularly those most at risk. With close oropharyngeal /nasopharyngeal contact and many routine medical procedures/investigations now being classified as AGPs, it seems like a logical step to don scrub suits as an extra layer of PPE. This may also be the preferred option by patients considering ease of identification and hygiene are often top of our patient's preferences. The available evidence would also suggest that these are best laundered by a third party or hospital laundry.

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