**Does the home laundering of uniforms by healthcare staff pose an infection control risk?**

**Laird K et al** (2018) Domestic laundering of nurses’ uniforms: what are the risks? *Nursing Times*; 114: 2, 18-21.

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| Print and read the article before your journal club meeting, and use the author commentary and discussion points below to help get your discussions started. Participation in journal clubs can be used for revalidation as:  **Participatory CPD:** describe what you have learnt and how you will apply it to your practice, and how it links to the NMC Code; | **Reflective accounts:** think about what you learned from your discussions, how you can use your learning to improve your practice, and how this relates to the NMC Code.  If you subscribe to *Nursing Times,* log the evidence in the ‘Other professional development’ or ‘Reflective accounts’ section of your NT Portfolio. |

**Author commentary: is washing uniforms at home a good idea?**

Antibiotic resistance and its implications are of great concern in the UK and globally. Much consideration has been given to infection control practices and how to stop the transmission of antibiotic-resistant bacteria between patients, between surfaces and patients, and between healthcare workers and patients. However, although textiles are known to be carriers of bacteria, the domestic laundering of uniforms is deemed acceptable in the UK, contrary to other European countries such as Austria and Germany. How come, especially knowing that tackling antibiotic resistance is such a priority for the Department of Health (DH)?

The DH’s workwear policy recommends domestic laundering of 60˚C for 10 mins, yet it also states that “washing with detergent at lower temperatures – down to 30ºC – eliminates MRSA and most other micro-organisms”. This is open to interpretation by individual trusts, which then tend to issue inconsistent and sometimes vague and patchy guidance to staff.

Knowing that nurses have varied shift patterns, limited number of uniforms and busy lives – not to mention their desire to adopt energy-efficient practices to protect the environment – is the separate wash of uniforms at 60˚C in the home achievable? Are the potential consequences of washing at lower temperatures fully understood?

We conducted research to start to assess, and try to understand, some of the issues involved, including what guidance nurses receive, how they most commonly wash their uniforms, and how effective laundering at 40˚C and 60˚C with detergent is at removing bacteria. Although the data we collected does in many respects support the DH’s policy, it did also show that a small percentage of bacteria survived a wash at 40˚C and that, during that wash, cross-contamination with sterile textiles occurred.

This does raise the question of whether the bacterial cells remaining on uniforms after laundering are an infection control threat. And what about uniforms that are not washed at all between shifts?

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**Discussion points**

* In your view, is the expectation of a 10-minute wash of uniforms at 60˚C for 10min after each shift realistic?
* Do you think bacteria potentially remaining on your uniforms after laundering is a risk in healthcare settings?
* Does your trust provide you with convenient changing facilities? On-site laundering facilities? Enough uniforms so that you can wear a fresh one after every shift?
* Is there a need for further/better education on the home laundering of uniforms?
* How do you think information on correct procedures for the domestic laundering of uniforms should be relayed to staff?
* Do you think there should there be a switch to in-house industrial laundering of uniforms? What would be the benefits and barriers?

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**Revalidation evidence**

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**Your notes**