



TOOLBOX

Bare Below the Elbows (BBE) in Aged Care

1. Purpose

To support safe and effective infection prevention and control (IPC) practices in aged care through the application of Bare Below the Elbows (BBE) principles, while recognising the importance of:

- Cultural and religious diversity
- Workforce inclusion
- Person-centred care
- Practical risk-based decision-making

This teaching tool reflects the Australian aged care IPC approach, where effective hand hygiene and Standard Precautions remain the priority, supported by practical and proportionate implementation strategies.

2. What is BBE?

BBE is an infection prevention strategy used to support effective hand hygiene during direct care activities. The practice further minimises injury risks to residents and health care workers (HCW) (i.e. any person employed, contracted, or engaged (including volunteers) by a registered provider to deliver funded aged care services).

BBE principles:

- Sleeves above the elbow during direct resident care
- No wrist watches, friendship wrist bands or jewellery during clinical care
- Minimal wrist and hand jewellery (plain band/ring of significance)
- Short, clean natural nails (no artificial nails or nail polish)
- Cover cuts, abrasions with waterproof dressing
- Don't wear long ties or lanyards (use retractable holders)

The aim is to:

- Improve access to hand and forearm cleaning



- Reduce contamination risks
- Support safer care delivery

See agar plate pictures (Appendix 1) highlighting contamination and benefits of hand hygiene to reduce risks.

3. BBE in the Aged Care Context

In aged care, residents are often:

- Older and frail
- Immunocompromised
- Multiple comorbidities
- Greater number indwelling devices
- Living in shared environments (residential care)
- Receiving frequent hands-on care

Note:

- Hands are the main way organisms spread in healthcare
- Sleeves, watches, friendship wrist bands, jewellery, artificial nails or nail polish can harbour organisms and interfere with effective hand hygiene
- BBE principles help improve access to nail, hand and forearm cleaning

For this reason, hand hygiene remains one of the most important IPC measures.

Australian IPC guidance supports:

- Standard Precautions
- Effective hand hygiene
- Risk-based practice
- Safe and appropriate clothing during direct care delivery

While BBE may support these goals, implementation should remain practical, respectful, and proportionate to risk.



4. Risk-Based Approach: Religion, Culture and Inclusion in IPC

BBE should not be implemented as either

- A rigid “zero tolerance” dress rule, or
- An overly flexible approach where IPC risks are overlooked

The safest and most sustainable approach is:

- Applying BBE principles consistently during direct care, while using reasonable adjustments where appropriate and safe.

Risk-Based Approach

Stronger adherence to BBE principles is required during:

- Personal care
- Clean or aseptic technique
- Tasks involving exposure to blood and body fluids
- Outbreak situations
- Transmission-based precautions
- High-contact clinical tasks

More flexibility may be reasonable during:

- Administrative work
- Meetings
- Non-clinical tasks

The goal is safe care and effective hand hygiene, while maintaining dignity, cultural safety and inclusion.

5. Cultural and Religious Considerations

some healthcare workers may wear:

- Long sleeves for faith-based reasons
- Cultural or religious jewellery (Sikh Karas-metal wrist band)



- Bands or rings of significance

These items may have important cultural, personal or spiritual significance and should be approached respectfully.

However, infection prevention requirements must still be maintained during resident care activities.

6. Practical and Inclusive Approaches

Practical strategies may include:

- Wearing long sleeves outside direct resident care
- Rolling or adjusting sleeves during direct care tasks
- Assessing whether jewellery or faith-based items interfere with effective hand hygiene
- Temporarily adjusting, relocating or removing items during higher-risk procedures where required
- Relocation of items to another area of the body (e.g. on a chain around the neck)

Items may remain in place where they:

- Do not interfere with effective hand wrists, or forearm hygiene
- Are movable or adjustable
- Do not increase infection risk during care

Additional precautions may still be required during higher-risk clinical situations.

7. Communication Approach

Leaders and educators should:

- Explain the IPC reasons behind BBE
- Use respectful language
- Avoid punitive or confrontational enforcement
- Encourage early discussion about cultural or religious needs
- Work collaboratively to identify safe solutions

Example:

“Our priority is effective hand hygiene and resident safety. Let’s discuss how we can support both IPC requirements and your cultural or religious practices.”



8. Key Messages

- BBE supports effective hand hygiene
- Resident safety remains the priority
- BBE should be practical and risk-based
- Cultural and religious practices should be treated respectfully
- Flexibility may be possible, but not where IPC risk becomes unacceptable
- Risk assessment and communication are essential

9. References

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10. Endorsement / Approval

Version	Date	Addition/Amendments	Author	Review By
1.0	June 2026	New resource	Carrie spinks IPC CNC, ACIPC Aged Care working Group	Advancing IPC Practice and Standards Committee

10. Contact Information

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Appendix 1

What lives on your hands?

Blood agar culture plates reveal what the naked eye cannot see — each colony represents thousands of organisms.

● Heavy / very high risk ● Significant risk ● Reduced — hygiene works

HAND HYGIENE — BEFORE & AFTER

Before hand hygiene

High risk



After hand hygiene

Significantly reduced



HIDDEN RESERVOIRS — ITEMS WORN DURING CARE

Under artificial nails

Very high risk



Under a watch band

Significant risk



What are you looking at?

Swabs were taken from each area and cultured on blood agar at 37°C for 48 hours. Each visible colony = thousands of organisms. The goal of hand hygiene is not sterility — it is reducing pathogen load to safe levels.