



## FACILITATORS TOOLBOX NOTES

# Bare Below the Elbows (BBE) in Aged Care

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### Suggested Duration

10 minutes

### 1. Learning Objectives

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By the end of this toolbox talk, healthcare workers (HCW) (i.e. any person employed, contracted, or engaged (including volunteers) by a registered provider to deliver funded aged care services) should understand:

- Why BBE supports infection prevention and control (IPC)
- When BBE principles are most important in aged care
- How BBE can be applied using a risk-based approach
- How cultural and religious needs can be managed respectfully and safely

### 2. Introduction

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“Today we’re talking about Bare Below the Elbows, or BBE, and how it supports safe resident care in aged care settings.

BBE is not about policing uniforms or appearance. It is an infection prevention strategy designed to support effective hand hygiene and reduce contamination during direct care activities.

At the same time, we recognise that some HCW wear clothing or items for cultural, religious, or personal reasons. Our goal is to balance resident safety with respectful and practical approaches.”

### 3. What BBE Means

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Discuss common BBE practices:

- Sleeves above elbows during direct care
- No wrist watches, friendship wrist bands or jewellery during clinical care
- Minimal wrist or hand jewellery (plain ring/band 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)

## Explain

“These measures are most important during hands-on resident care or higher-risk tasks.”

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

## 4. Why BBE Matters in Aged Care

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### Key Points to Discuss:

- Residents in aged care are often more vulnerable to infection
  - o Older and frail
  - o Immunocompromised
  - o Multiple comorbidities
  - o Greater number of indwelling devices
  - o Living in shared environments (residential care)
  - o Receiving frequent hands-on care
- Hands are the main way organisms spread in healthcare
- Sleeves, watches, friendship wrist bands, jewellery, artificial nails or nail polish can interfere with effective hand hygiene
- BBE principles help improve access to nail, hand and forearm cleaning

### Emphasize

“Hand hygiene remains the single most important infection prevention measure.”

## 5. Risk-Based Approach, Culture and Inclusion in IPC

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### Key Teaching Point

Australian aged care IPC guidance is risk-based.

The goal is safe care and effective hand hygiene, not rigid rule enforcement.



BBE principles are applied most strongly during:

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

Greater flexibility may be possible during:

- Administrative work
- Meetings
- Non-clinical tasks

BBE principles must be applied consistently during direct resident care, while using reasonable, respectful and safe adjustments where appropriate.

## 6. Cultural and Religious Considerations

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Some healthcare workers may wear:

- Long sleeves for faith-based reasons
- Cultural or religious jewellery (e.g. Sikh Karas)
- Bands or rings of significance

These situations should be approached respectfully, balancing cultural inclusion with infection prevention requirements.

### Important Teaching Point

Cultural and religious practices are important; however, effective hand hygiene and safe resident care must still be maintained during clinical care activities.

## 7. Practical and Inclusive Approaches

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Strategies may include:



- Wearing long sleeves outside direct resident care
- Rolling or adjusting sleeves during resident 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)

Some items may remain in place if they:

- Do not compromise effective hand wrists, or forearm hygiene
- Are movable or adjustable
- Do not increase risk during care activities

Higher-risk tasks may still require temporary adjustment or additional precautions.

### **Suggested wording**

“Let’s discuss how we can support both resident safety and your cultural or religious needs.”

## **8. Communication Approach**

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Leaders and educators should:

- Explain the IPC reasons behind BBE
- Use respectful language
- Avoid confrontation or embarrassment
- Encourage early discussion about concerns
- Work collaboratively to identify safe solutions

### **Example phrase**

“Let’s discuss how we can support both resident safety and your cultural or religious needs.”

## **9. Key Teaching Messages**

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- BBE supports hand hygiene and safer care



- Resident safety remains the priority
- BBE should be practical and risk-based
- Cultural and religious needs should be treated respectfully
- Communication and collaboration are essential

## 10. Suggested Discussion Questions

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1. Why is hand hygiene so important in aged care?
2. During which tasks is BBE most important?
3. What could interfere with effective hand hygiene?
4. How can we support HCW cultural needs safely?
5. What practical solutions could work in our workplace?

## 11. Endorsement / Approval

Version	Date	Addition/Amendments	Author	Review By
1.0	July 2026	New Resource	Carrie Spinks ACIPC CNC and Aged Care Working Group	Advancing IPC Practice and Standards Committee

## 12. Contact Information

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ACIPC office: [office@acipc.org.au](mailto:office@acipc.org.au)



## 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

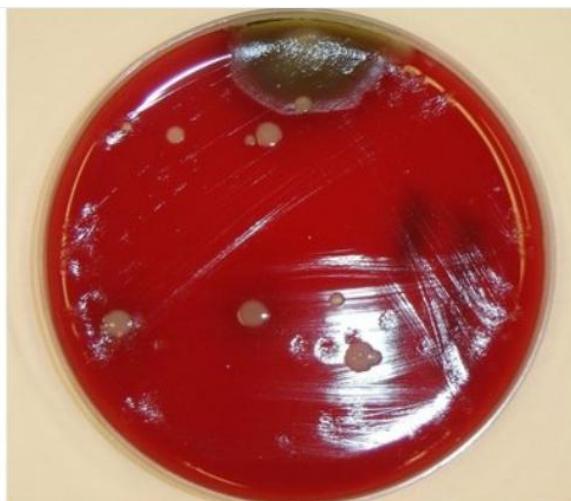
Before hand hygiene

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.