

DRESS CODE POLICY

May 2016



Title:	Dress Code Policy		
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1.0 **INTRODUCTION**

1.1 **Background**

In response to actions identified in *Changing Culture: An Action Plan for the Prevention and Control of Healthcare Associated Infection in Northern Ireland (2006-2009)*, the Department of Health, Social Services and Public Safety (DHSSPS) produced a Regional Dress Code Policy with the purpose of providing guidance on a standard of dress for all HSC staff. The regional policy takes account of microbiological and clinical research as well as public perception on dress code and uniforms. All Trusts were represented on the Working Group and agreed to implement the Regional Dress Code Policy within their respective areas. This policy is based on the Regional Dress Code Policy.

1.2 **Purpose**

The purpose of the Western Health and Social Care Trust (WHSCCT) Dress Code Policy is to provide a standard dress code for all staff working in the Trust. Whilst the Trust recognises the diversity of individual preferences, cultures, religions and disabilities within the staff group, the priority is to provide safe, high quality care. Therefore, the policy focuses on the importance of public perception, infection prevention and control, and health and safety.

This policy aims to:

- Promote a professional image of the Trust and the services provided;
- Prevent the occurrence of healthcare-associated infections (HCAs) and promote public confidence in the Trust's commitment to this aim;
- Ensure health and safety and legal issues are taken into account.

2.0 **SCOPE OF THE POLICY**

The WHSCCT endorses all aspects of the Regional Dress Code Policy. Trust policy is that all staff working in the Trust will adhere to the requirements of this policy in order to promote a professional image of the Trust and enhance infection prevention and control arrangements.

This policy applies to all staff working in the WHSCCT. These are specifically defined as:

- Those staff directly employed by the Trust;
- Volunteers complementing service provision within the Trust;
- Students on placement in the Trust.

All the above personnel are required to abide by the Trust's Dress Code Policy.

Individual departments may develop *additional* local requirements/ guidelines specific to the needs of the staff group, working environment or client group.

In addition to the above, it is good practice for those providing services on behalf of the Trust to adhere to this policy. This policy does not extend to personal protective equipment (PPE).

3.0 ROLES AND RESPONSIBILITIES

3.1 Trust Board and Chief Executive

As Accountable Officer, the Trust's Chief Executive has overall responsibility for ensuring that arrangements are in place to enable all staff to comply with this policy. This should include ensuring an adequate supply of uniforms to meet the requirements.

3.2 Senior Management

All Trust Directors, Assistant Directors, Service Heads and Senior Managers have responsibility for the effective implementation of this policy. They will ensure that the required action is implemented and monitored and that information required to evidence compliance with this policy is provided. Senior Managers will adopt a flexible approach where staff cannot adhere to the policy for medical reasons, religious requirements or for reasons related to disability. Where a member of staff does not adhere to this policy without approval, the Trust will support managers in taking formal action.

3.3 Line Managers

All managers have responsibility for the application of this policy. They should ensure staff are made aware of the policy and encouraged to abide by the requirements set out in the key principles and *Appendix 1* where appropriate. Where a staff member cannot adhere to the policy for medical reasons, religious requirements or for reasons related to disability, or where a member of staff does not adhere to this policy without approval, the line manager should consult with senior management.

3.4 All Staff Working within the WHSCT

All those working in the Trust have a responsibility to adhere to the principles and aims of this policy and any direction in pursuit of this policy. In addition, those delivering 'hands on' care or who have direct patient/ client contact and support services staff must comply with the specific requirements set out in the **Key Principles** (section 4.0) and the **Additional Dress Code Requirements** (section 5.0). If for medical reasons, religious requirements or reasons related to disability, a staff member is unable to adhere to this policy, they should discuss it with their line manager.

4.0 KEY PRINCIPLES OF DRESS CODE

All staff must dress in a manner that is likely to inspire public confidence and promote a professional and positive image of the Trust.

Staff must, at all times whilst on duty, wear clear identifiers: uniform and/ or the approved identification name badge provided by the Trust.



All staff should take a sensible and safe approach to dress, appearance, cleanliness and personal hygiene. Clothing, including uniforms, must be clean, neat and tidy.

Clothing and appearance should not deliberately cause offence to the public, or to people who come into contact with or use Trust services. Clothing and appearance should be modest, non-offensive and contain no provocative, sectarian, sexist, or racist remarks. This also applies to tattoos. Clothing should not display slogans or logos relating to drugs, alcohol or tobacco, or demonstrate sponsorship of such products. It is not acceptable to wear clothing that over-exposes parts of the body, e.g. stomach, chest, thighs, etc., or that is transparent or see-through.

Clothing should be worn appropriate to the nature of the work undertaken. Individual departments may have, or may develop, additional local guidelines on what is acceptable and appropriate for their working environment and patient/client group.

All staff should wear footwear that is safe and suitable for the duties undertaken. Footwear should be secure and enclosed. It should protect against the risk of sharps injuries and be impermeable to blood and body fluids. For uniformed staff, footwear should be either black, navy or dark coloured to promote a professional and positive image of the Trust.

Uniformed staff who have access to changing facilities and a locker should change into and out of uniform in the workplace.

Uniformed staff must not undertake personal shopping, socialising or similar activities in public without their tunic being covered. It is, however, reasonable that community staff may need to make purchases, e.g. lunch, petrol, whilst wearing their tunic during the course of their working day. Coats should be navy, black or dark coloured to promote a professional and positive image of the Trust. They must not be worn in clinical areas or whilst delivering direct patient/client care.

Where uniformed staff are required to carry out patient/client related shopping or therapeutic activities in public as part of their duties, they should cover their tunic while carrying out these duties unless it is important for it to be visible for therapeutic reasons.

Uniformed staff must ensure their tunic is covered when travelling on public transport.

Staff must change as soon as possible after a uniform or clothes become contaminated. Managers must ensure that there are local arrangements in place to facilitate a change of uniform or clothing if required. In community settings this may mean that the staff member has to go home to change or has a spare uniform in their vehicle or at their work base.

Personal protective equipment should always be available and should be worn in accordance with Trust guidelines.

Staff may wish to wear a cardigan or light weight jacket whilst on meal/ comfort breaks. These should be navy, black or dark coloured to promote a professional and positive image of the Trust. They must not be worn in clinical areas or whilst delivering direct patient/ client care.

All staff who are required to change must, where changing facilities are provided, use them and must not travel to and from work wearing their uniform.

5.0 ADDITIONAL DRESS CODE REQUIREMENTS FOR STAFF WHO PROVIDE 'HANDS ON' CARE / DIRECT PATIENT/CLIENT CONTACT AND FOR SUPPORT SERVICES STAFF

Requirements	Rationale	Regional Dress Code Policy
<p>The Trust has adopted a “<i>Bare below the Elbow policy</i>”.</p>	<p>White coats must be short sleeved and laundered daily and changed if visibly soiled.</p> <p>In the hospital and community setting long sleeved clothing, such as suit jackets, cardigans, fleeces or sweaters, must be removed before the delivery of direct patient care.</p> <p>Cuffs become heavily contaminated and are more likely to come into contact with patients. Cuffs may act as a vehicle for transmitting infection.</p> <p>Long sleeves or cuffs prevent effective hand decontamination.</p>	<p>Wear short-sleeved or roll the sleeves to elbow length before carrying out clinical procedures.</p>
<p>Loose clothing and jewellery that may easily become contaminated or entangled/ entrapped in equipment should not be worn.</p> <p>Mobile phones should not be used while undertaking a clinical</p>	<p>Neck ties must be tucked in during clinical procedures. Name tags and lanyards should not be worn loose whilst delivering direct patient/ client care. Loose clothing, jewellery and lanyards may make contact with the patient and their environment during clinical</p>	<p>Clinical staff who do not wear a uniform should not wear any loose clothing, such as unclipped ties, draped scarves, necklaces and similar items.</p>



<p>procedure.</p>	<p>procedures and may be a vehicle for transmitting infection.</p>	
<p>All Staff should ensure that long hair is tied back securely, away from the face and off the collar.</p>	<p>Patients generally prefer to be treated by staff with tidy hair and a neat appearance. Long hair may come into contact with the patient and their environment during clinical procedures and may be a vehicle for transmitting infection.</p>	<p>All staff working in clinical areas should secure long hair.</p>
<p>All staff must not wear ANY jewellery including wrist watches, bracelets, rings, earrings, visible body jewellery or necklaces whilst on duty, whether or not they are undertaking a clinical procedure with the following exceptions: A single plain band/ ring Medic Alert Fob watches</p>	<p>Hand/ wrist jewellery can harbour microorganisms and can reduce compliance with hand hygiene. Wrist or hand jewellery must not be worn by clinical staff when carrying out clinical procedures (a plain single band ring is acceptable). Jewellery could easily become dislodged or entangled and may make contact with the patient and their environment during clinical procedures and may be a vehicle for transmitting infection.</p>	<p>Wrist watches must be removed before performing surgical hand hygiene.</p>
<p>All staff must not wear nail varnish or false nails or false eyelashes whilst on duty and nails must be kept short and clean at all times.</p>	<p>Long and/ or dirty nails can present a poor appearance and long nails are harder to keep clean. False nails and chipped nail varnish harbour microorganisms and can reduce compliance with hand hygiene. False nails and false eyelashes can be easily removed/ dislodged during clinical procedures and may be a vehicle for transmitting infection.</p>	<p>Clinical staff should keep finger nails short and clean. Clinical staff must not wear false nails or nail varnish for direct patient care.</p>

<p>Shoes should be enclosed and have low heels. ‘Croc’ like shoes should not be worn. Theatre footwear must be approved and decontaminated as per guidelines</p>	<p>All staff should wear footwear that is safe and suitable for the duties undertaken. Footwear should be secure and enclosed. It should protect against the risk of sharps injuries and be impermeable to blood and body fluids and easily decontaminated. For uniformed staff, footwear should be either black, navy or dark coloured to promote a professional and positive image of the Trust.</p>	<p>Footwear worn in the clinical area should be suitable for purpose and comply with relevant health and safety requirements</p>
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6.0 HOME LAUNDERING OF UNIFORMS

WHST staff uniforms and personal clothing can become contaminated with a variety of micro-organisms during work. In order to reduce potential contamination risk from these micro-organisms it is essential that PPE is worn in accordance with Infection Prevention and Control guidance.

The following advice should be followed in relation to the care of WHST uniforms/ personal clothing worn at work.

- Wash hands before putting on the uniform/ clothing.
- Uniforms **must be changed daily or when visibly soiled with blood or body fluids**. This includes uniforms worn for short periods.
- Hospital laundering is preferable for WHST uniforms, although this may not always be feasible.

If hospital laundering is not feasible, the following advice should be followed.

- Clothing should be washed without other items of clothing at 65°C or above in a domestic washing machine.
- When dried, clothing should be ironed using a hot iron.
- Uniforms should then be folded and placed in a fresh, unused plastic bag.
- Uniforms should not be worn outside hospital premises. Uniforms being taken home for laundering should be placed in a plastic bag before removal from the hospital.

Clothing contaminated during work.

- Clothing must be changed if it becomes visibly soiled with blood or body fluids during work. Staff should change into a replacement uniform.
- If gross contamination has occurred, staff should:



- Cut the uniform off to prevent inadvertent contamination of the face, dispose of uniform into clinical waste.
 - Shower before donning a clean uniform/ clothing.
- Contaminated uniforms should be placed in a white water-soluble bag with orange stripe, and orange label instructions followed.

7.0 IMPLEMENTATION

7.1 Dissemination

This policy applies to all staff.

The policy shall be available for staff to access on the Trust Intranet.

Staff shall be alerted via Trust Communication in relation to the availability of the policy on the Trust Intranet.

7.2 Exceptions

There are no exceptions.

8.0 MONITORING

Compliance with this policy shall be monitored by the Ward/ Department Manager/ Team Leader/ Lead Nurse/ Head of Service. The Infection Prevention & Control Team may also independently monitor compliance.

9.0 REFERENCES

Department of Health, Social Services & Public Safety (2008) *Regional Dress Code Policy and Recommendations on Staff Changing Facilities for Northern Ireland* [Online]. Available at:

http://www.infectioncontrolmanual.co.ni/index.php?option=com_content&view=category&id=25&Itemid=63

[Accessed: January 2016].

DHSSPS 2006/2009, *Changing the Culture: Infection control nursing in Northern Ireland strategy*.

<https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/changing-the-culture-infection-control-nursing.pdf> [accessed November 2015]

HSS (MD) 5/2008 Regional Dress code and Recommendations on Staff Changing Facilities for Northern Ireland. Available at

http://www.infectioncontrolmanual.co.ni/index.php?option=com_content&view=category&id=25&Itemid=63

World Health Organisation (2009) *Hand Hygiene Technical Reference Manual: To be used by health-care workers, trainers and observers of hand hygiene practices*. Geneva, Switzerland: WHO Press.

10.0 CONSULTATION PROCESS

Infection Prevention & Control Team
Medical Microbiologists
Medical Director
IP&C Policies & Guidelines Working Group
Chief Executive HCAI Accountability Forum
Medical Directorate Senior Management Team
Corporate Management Team
Staff Side Consultation Group
Trust Board

11.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1988), Targeting Social Need Initiative, Disability Discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this policy is:

Major Impact

Minor Impact

No Impact

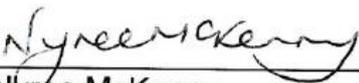
12.0 APPENDICES

Appendices to this policy are as follows:

- Appendix 1 – Links to Other Policies, Procedures, Guidelines or Protocols

13.0 SIGNATORIES

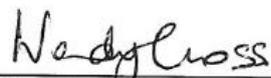
Signed for and on behalf of the Western Health and Social Care Trust:



Nyeen McKenny
Infection Prevention & Control Nurse

9/5/16.

Date



Wendy Cross
Head of Infection Prevention & Control

9/5/16.

Date

LINKS TO OTHER POLICIES, PROCEDURES, GUIDELINES OR PROTOCOLS

Meticillin Resistant *Staphylococcus aureus* (MRSA) Screening and Treatment Guidelines

[http://whsct/IntranetNew/Documents/MRSA%20Screening%20and%20Treatment%20Guidelines%20\(Nov15\).pdf](http://whsct/IntranetNew/Documents/MRSA%20Screening%20and%20Treatment%20Guidelines%20(Nov15).pdf)

To be read in conjunction with the Regional Hand Hygiene Guidelines

<http://www.infectioncontrolmanual.co.ni/>

Guidelines for the Management of Patients who are Colonised/ Infected with Extended Spectrum Beta Lactamase (ESBL) Producing Organisms

[http://whsct/IntranetNew/Documents/MANAGEMENT%20OF%20PATIENTS%20WHO%20ARE%20COLONISED%20%20INFECTED%20WITH%20EXTENDED%20SPECTRUM%20BETA%20LACTAMASE%20\(ESBL\)%20PRODUCING%20ORGANISMS%20Jul%202015.pdf](http://whsct/IntranetNew/Documents/MANAGEMENT%20OF%20PATIENTS%20WHO%20ARE%20COLONISED%20%20INFECTED%20WITH%20EXTENDED%20SPECTRUM%20BETA%20LACTAMASE%20(ESBL)%20PRODUCING%20ORGANISMS%20Jul%202015.pdf)

Guidelines for the Prevention of Infection in Central Venous Catheters (CVCs)

[http://whsct/IntranetNew/Documents/Guidelines%20for%20Prevention%20of%20Infection%20in%20CVCs%20\(May15\)%20Screened.pdf](http://whsct/IntranetNew/Documents/Guidelines%20for%20Prevention%20of%20Infection%20in%20CVCs%20(May15)%20Screened.pdf)

Support Services Infection Prevention Cleaning Procedures

[http://whsct/IntranetNew/Documents/Support%20Services%20Infection%20Prevention%20Cleaning%20Procedures%20\(Jul15\).pdf](http://whsct/IntranetNew/Documents/Support%20Services%20Infection%20Prevention%20Cleaning%20Procedures%20(Jul15).pdf)

Hand Hygiene Improvement Protocol

[http://whsct/IntranetNew/Documents/Hand%20Hygiene%20Improvement%20Protocol%20\(Apr15\)%20Screened.pdf](http://whsct/IntranetNew/Documents/Hand%20Hygiene%20Improvement%20Protocol%20(Apr15)%20Screened.pdf)

Policy on Zero Tolerance to Preventable Healthcare-Associated Infections (HCAIs)

[http://whsct/IntranetNew/Documents/Policy%20on%20Zero%20Tolerance%20to%20preventable%20Healthcare%20Associated%20Infections%20\(HCAIs\)%20V2.0.pdf](http://whsct/IntranetNew/Documents/Policy%20on%20Zero%20Tolerance%20to%20preventable%20Healthcare%20Associated%20Infections%20(HCAIs)%20V2.0.pdf)

Infection Prevention and Control Protocol for Peripheral Intravenous Cannulation and Access

[http://whsct/IntranetNew/Documents/IPC%20Protocol%20for%20Peripheral%20IV%20Cannulation%20%20Access%20\(Jan15\)%20Amended.pdf](http://whsct/IntranetNew/Documents/IPC%20Protocol%20for%20Peripheral%20IV%20Cannulation%20%20Access%20(Jan15)%20Amended.pdf)

Guidelines for the Management of Suspected/ Diagnosed Beta Haemolytic Group A Streptococcal (GAS) Infection

[http://whsct/IntranetNew/Documents/Guidelines%20for%20Management%20of%20Group%20A%20Strept%20Infections%20\(Nov14\).pdf](http://whsct/IntranetNew/Documents/Guidelines%20for%20Management%20of%20Group%20A%20Strept%20Infections%20(Nov14).pdf)

Guidelines for the Management of Hazard Group 4 Viral Haemorrhagic Fevers (VHF) and Similar Human Infectious Diseases of High Consequence

<http://whsct/IntranetNew/Documents/Management%20of%20Hazard%20Group%204%20VHFs%20Similar%20Human%20Infectious%20Diseases%20of%20High%20Consequence.pdf>



Aseptic Non-Touch Technique (ANTT) Guidelines

[http://whsct/IntranetNew/Documents/Aseptic%20Non-Touch%20Technique%20Guidelines%20\(Jan15\)%20Amended.pdf](http://whsct/IntranetNew/Documents/Aseptic%20Non-Touch%20Technique%20Guidelines%20(Jan15)%20Amended.pdf)

Guidelines for the Prevention and Control of Carbapenemase-Producing Enterobacteriaceae (CPE)

[http://whsct/IntranetNew/Documents/Guidelines%20for%20Prevention%20%20Control%20of%20CPE%20\(Jan15\).pdf](http://whsct/IntranetNew/Documents/Guidelines%20for%20Prevention%20%20Control%20of%20CPE%20(Jan15).pdf)

Disinfection and Decontamination Policy (Patient Care Equipment)

[http://whsct/IntranetNew/Documents/Disinfection%20Decontamination%20Policy%20\(Revised%20Jun%202013\)%20SIGNED.pdf](http://whsct/IntranetNew/Documents/Disinfection%20Decontamination%20Policy%20(Revised%20Jun%202013)%20SIGNED.pdf)

Protocol for Midline Catheter Insertion in Adult Patients

[http://whsct/IntranetNew/Documents/Protocol%20for%20Midline%20Catheter%20Insertion%20Adults%20\(Nov%202013\)%20SIGNED.pdf](http://whsct/IntranetNew/Documents/Protocol%20for%20Midline%20Catheter%20Insertion%20Adults%20(Nov%202013)%20SIGNED.pdf)

Policy on Exposure to Body Fluids and HIV Post Exposure Prophylaxis

[http://whsct/IntranetNew/Documents/Policy%20on%20Exposure%20to%20Body%20Fluids%20%20HIV%20PEP%20\(Jul14\).pdf](http://whsct/IntranetNew/Documents/Policy%20on%20Exposure%20to%20Body%20Fluids%20%20HIV%20PEP%20(Jul14).pdf)