

**Regional Dress Code Policy &
Recommendations
on Staff Changing Facilities for
Northern Ireland**

19 February 2008

**Department of Health Social Services and Public Safety
(DHSSPS)**

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1. INTRODUCTION AND BACKGROUND INFORMATION

- 1.1 This Dress Code Policy has been produced by the Department of Health, Social Services and Public Safety (DHSSPS) to support the *Changing Culture: An Action Plan for the Prevention and Control of Healthcare Associated Infections in Northern Ireland, (2006/2009)* Action 8 stated that the DHSSPS would issue regional guidance on a standard dress policy for staff and the availability of staff changing facilities.
- 1.2 This policy considers uniform and dress code only and does not extend to personal protective equipment (PPE) ^{1, 2}. It takes account of the clinical and microbiological aspects. It also includes the social significance and public perceptions in relation to Health and Social Care (HSC) dress and uniforms.
- 1.3 This policy applies to all HSC staff; employed by, or contracted on behalf of the HSC bodies in Northern Ireland and includes students and others on placement in HSC facilities. In the development of this policy, cognisance was taken of the legal (including Health and Safety) framework, and the evidence base used to inform the DOH Uniform and Work Wear Policy (September 2007).

¹Note that this work considered uniforms only, and did not extend to Personal Protective Equipment (PPE) For the purposes of this guidance, the Health and Safety Executive definition of PPE has been adopted:- 'all equipment (including clothing affording protection against the weather) which is intended to be worn or held by a person at work and which protects him against one or more risks to his health or safety' (HSE INDG174(rev1)08/05).

²The health and Safety Executive advises that uniforms (including scrubs) are covered by the definition of PPE where they are 'to protect against a specific risk to health and safety' but not where the primary purpose is to present e.g. a corporate image. In such situations staff will additionally need to use PPE, for instance disposable aprons. Trust will, therefore, need to determine locally the circumstances in which uniforms are or are not be classed as PPE and take action accordingly as dictated by risk assessment and subsequent control measures.

- 1.4 Whilst this policy recognises the diversity of cultures religions and disabilities of HSC staff, priority is given to those issues which promote health and safety, security and infection prevention and control.
- 1.5 In tandem with the development of this policy, there is also a project being taken forward by a regional uniform and work wear steering group. This project is looking at the standardisation of uniforms and work wear, in the interest of promoting corporate identity within a cost effective framework. This work should be viewed as complementary to this policy document.
- 1.6 Not all HSC staff wear uniforms, and the current body of knowledge does not clearly indicate that uniforms are a significant source of cross-infection; however, clear principles must be applied to the wearing of uniforms to ensure safe practice, in the event that this situation is altered by further research.
- 1.7 The association between the inappropriate wearing of uniforms and the risk of infection is inextricably linked in the public perception, and the way in which staff dress and present themselves sends messages to the public which may impact on their perception of their care or treatment. ***How staff dress, and their appearance, is therefore of significant importance in portraying a professional image to all users of its service, whether patients, visitors, clients or colleagues.***
- 1.8 The policy has been screened in relation to its potential impact on those groups identified under Section 75 of the Northern Ireland Act 1998. It is our view that the policy will not adversely impact any of the relevant groups.

2. **POLICY AIM**

- 2.1 To provide a standard dress code policy for all HSC workers regardless of whether or not a uniform is worn.

Policy Objectives

The objectives of this policy are:

- To promote a professional image of the service and the individual HSC worker.
- To promote public confidence in the HSC staff commitment to the reduction of Healthcare Associated Infections.
- To ensure that Health & Safety, Security, and Legal issues are incorporated into the standard dress code policy.
- To make recommendations on the provision of staff changing facilities.

3. THE EVIDENCE BASE

- 3.1 This policy builds on the evidence base published by the DH (September 2007) on the wearing and laundering of uniform which was reviewed by multiprofessional healthcare groups and trade unions across the UK. The underpinning publications on which this evidence base was developed were two wide literature reviews which were carried out by Thames Valley University (TVU) and empirical research carried out by University College London Hospital NHS Trust. (UCLH)
- 3.2 The first TVU review, (TVU1) considered the evidence linking the role of uniforms and other clothing worn whilst providing healthcare with the potential for transmission of pathogenic micro-organisms from healthcare staff to patients. This report assessed the evidence in terms of its methodological rigour and clinical relevance.
- 3.3 The second TVU review (TVU2) considered how uniforms affect the image of the individual and the organisations and the symbolic meanings that people attach to uniforms and work wear.
- 3.4 The empirical research by (UCLH)³ explored the removal of deliberate contamination from swatches of uniform material when washed at different temperatures, with and without the use of detergent.

³ When the Empirical research is published the DHSSPS will provide further information.

- 3.5 Other supporting evidence included a report which was submitted to the DH by Wilson et al. This was a systematic search and quality assessment of published literature which was conducted to establish current knowledge of the role of healthcare workers' uniforms as a vehicle for the transmission of infection.
- 3.6 Further support in terms of laundry practice (for commercial processes) is available via HSG 95(18) (currently under review)

4. **THE LEGAL FRAMEWORK**

4.1 This policy has incorporated the current statutory and legal requirements as detailed in Appendix 2.

4.2 However any subsequent statutory requirements must be observed in the application of this policy.

5. **EQUALITY IMPACT ASSESSMENT**

The policy has been screened in relation to its potential impact on those groups identified under Section 75 of the Northern Ireland Act 1998. It is our view that the policy will not adversely impact any of the relevant groups.

6. POLICY RECOMMENDATIONS

6.1 The objective of this policy statement is to establish the recommended final protocols for dress policy for HSC clinical staff. It is recognised that for practical, logistical and financial reasons, Trusts may not be able to achieve immediate compliance with the policy recommendations, however each Trust should have an agreed implementation plan with a programme for the full introduction of the recommendations and this plan should be regularly monitored by Senior Management.

6.2 The following recommendations are based on the literature reviews and empirical evidence, and apply to both clinical and non-clinical staff, regardless of whether or not a uniform is worn.

In cases where staff may experience difficulty in complying with these recommendations on grounds of disability, religious beliefs or other personal reasons, Trusts should endeavour to accommodate their requirements within their local policy without compromising either health & safety or infection prevention and control issues.

Action		Rationale	Supporting information and/or additional comments
1.	Dress in a manner which is likely to inspire public confidence	People may use general appearance as a proxy measure of competence and professional practice	TVU2
2.	Wear short sleeves or roll the sleeves to elbow length before carrying out clinical procedures	Cuffs become heavily contaminated and are more likely to come into contact with patients. They may act as a vehicle for transmitting infection. Long sleeves or cuffs prevent effective hand washing	TVU1 Some staff e.g. ambulance personnel, paramedics and others who deliver emergency care, outside of the clinical situation may be exempt from this requirement.
3.	Clinical staff who do not wear a uniform should not wear any loose clothing such as unsecured ties, draped scarves or similar items.	This type of clothing may make contact with the patient and their environment during clinical procedures and may be a vehicle for transmitting infection	Unsecured items may cause harm to the patient or member of staff.
4.	Clinical staff who wear a uniform should not change into and out of uniform at the workplace. Staff who are permitted to wear a clinical uniform to and from work should have it covered completely when travelling.	There is no evidence of an infection risk caused by traveling in uniform, but patient confidence in the HSC may be undermined	TVU1, TVU2 This does not apply to staff who are permitted to travel during the course of their duties e.g. community staff
5.	Staff should not go shopping or socializing in uniform or undertake similar activities in public.	There is no evidence of an infection risk from traveling or shopping in uniform, but patient confidence in HSC may be undermined	TVU1, TVU2 There is a body of public perception as evidenced by the media that associates staff wearing uniforms with the spread of infection.

Action	Rationale	Supporting information and/or additional comments
6. Wear clear identifiers; uniform and/or, name or identity badge.	Patients wish to know who is caring for them. Name badges and uniforms help them to do this.	TVU1 Identification is important to promote patient and client safety.
7. Staff must change as soon as is practical if uniform or clothes become visibly soiled or contaminated with blood or body fluids.	Visible soiling or contamination might be an infection risk, and is also likely to affect patient confidence	TVU1, TVU2 Trusts must ensure that there is a local arrangement for this
8. All staff working in clinical areas should secure long hair.	Patients generally prefer to be treated by staff with tidy hair and a neat appearance	TVU1 Long hair should be tied back and off the collar.
9. Where Trusts have appropriate changing facilities and provide a staff laundry service these should be used or where staff launder their own uniforms, written instructions must be provided which reflect current best practice guidelines. A clean uniform should be worn for each shift. A sufficient supply of uniforms for the recommended laundry practice should be provided.	Using an HSC laundry service or providing staff with clear instructions on the cleaning of uniforms means that uniforms will be processed in line with the current recommendations Staffs who have too few uniforms may be tempted to reduce the frequency of laundering.	UCLH
10. Wrist or hand jewellery must not be worn by clinical staff when carrying out clinical procedures. (a single plain band ring is acceptable) Wrist watches must be removed before performing surgical hand hygiene,	Hand/wrist jewellery can harbour micro-organisms and can reduce compliance with hand hygiene	DH CDC

Action		Rationale	Supporting information and/or additional comments
11.	<p>Clinical staff should keep finger nails short and clean.</p> <p>Clinical staff must not wear false nails or nail varnish for direct patient care</p>	<p>Long and/or dirty nails can present a poor appearance and long nails are harder to keep clean</p> <p>False nails and chipped nail varnish harbour micro-organisms and can reduce compliance with hand hygiene</p>	CDC
12.	Foot wear, worn in the clinical areas should be suitable for purpose and comply with the relevant health and safety requirements		H&SAWA

7. IMPLEMENTATION OF THE POLICY

RECOMMENDATIONS

7.1 STAFF CHANGING FACILITIES

7.1.1 New Buildings

Where Trusts have been provided with new buildings which include staff changing facilities, they will be required to fully implement the recommendations of this policy.

7.1.2 Existing Buildings

In the case of existing buildings which may not have adequate staff changing facilities, a review should be undertaken by each HSC Trust within three months of policy issue to establish a base line provision, and to inform a strategy for a staged implementation of the policy recommendations in relation to staff changing facilities

In the interim period, each HSC Trust should determine a staff changing policy, which reflects their local circumstances and available accommodation.

7.1.3 Buildings Currently at Planning Stage

Centralised and de-centralised staff changing accommodation must be provided in all new HSC facilities to the standards specified within the relevant Health Building Notes.

Staff changing accommodation should be provided to comply with relevant Health & Safety requirements.

Staff changing accommodation should be provided to comply with the Disability Discrimination Act.

7.2 LAUNDRY FACILITIES

7.2.1 Where there are adequate laundry and distribution arrangements available, these should be used for laundering clinical uniforms.

7.2.2 Where local laundry arrangements are not available HSC staff should be provided with written instructions for the safe laundering of uniforms at home.

TERMS OF REFERENCE

The working group established the following terms of reference which provided a framework for the policy development.

Terms of Reference:-

1. To provide a consultation draft of a standard dress policy, including a section 75 screening, by the end of October 2007.
2. To determine the categories of HSC staff to whom the policy applies i.e. Clinical/Non Clinical, Uniform/Non Uniform. The policy will provide direction on the wearing of uniforms and a dress code for non uniform staff.
3. The policy will **not** address the wearing of protective personal equipment.
4. Consider the published evidence in relation to healthcare staff uniforms and the prevention and control of infection and make recommendations. The Thames Valley University review was accepted as the basis for this policy.
5. Consider the published evidence in relation to healthcare staff uniforms and the patient and public perception and make recommendations. The Thames Valley University research was accepted as the basis for this policy.
6. Make recommendations for the provision of staff changing facilities.

7. Ensure that any policy or guidance issued complies with all statutory and equality provisions including Section 75 of the NI Act 1998 and the Race Relations (NI) Order 1997.
8. Provide timescales for the implementation of the policy and the process for producing annual evidence of compliance by HSC bodies.
9. Provide advice on the monitoring arrangements for HSC bodies and a timescale for policy review.
10. Support a regional approach to the standardisation of uniforms and the associated procurement arrangements.⁴

⁴This work is being undertaken by a regional uniform and work wear steering group, which has a representation from key stakeholders. The Group will in the first instance will be reviewing the provision of standardised nursing uniforms.

LEGAL FRAMEWORK

1. Health & Safety at Work (Northern Ireland) Order 1978 & Health & Safety at Work (Amendment) (Northern Ireland) Regulations 2006.
2. Personal Protective Equipment at Work Regulations (Northern Ireland) 2006.
3. Manual Handling Operation Regulations (Northern Ireland) 1992.
4. Control of Substances Hazardous to Health (Amendment) Regulations (Northern Ireland) 2005.
5. Section 75 of the Northern Ireland Act 1998.
6. Fair Employment and Treatment (Northern Ireland) Order 1988.
7. Disability Discrimination Act 1995.
8. Sex Discrimination (Northern Ireland) Order 1976, as amended by the Sex Discrimination (Northern Ireland Order 1988
9. Human Rights Act 1988
10. Race Relations (Northern Ireland) Order 1997.
11. Employment Rights (Northern Ireland) Order 1996

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http://www.dhsspsni.gov.uk/hcai_action_plan.pdf

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<http://www.dh.gov.uk/em/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH078433>

3. HSE: Control of Substances Hazardous to Health (Amendment) Regulations (Northern Ireland) 2005.

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9. HMSO: Northern Ireland Act 1998.
<http://www.opsi.gov.uk/acts/acts1998/19980047.htm>
10. HMSO: Race Relations Order (Amendment) Regulations (Northern Ireland) 2003.
<http://www.opsi.gov.uk/Sr/sr2003/20030341.htm>
11. Loveday HP, Wilson JA, Hoffman PN, Pratt RJ. Uniform: An evidence review of the Microbiological and Social Significance of Uniforms and Uniform Policy in the Prevention and Control of Healthcare Associated Infections. TVU1: Microbiological and Clinical Evidence (May 2006).
12. Loveday HP, Wilson JA, Hoffman PN, Pratt RJ. Uniform: An evidence review of the Microbiological and Social Significance of Uniforms and Uniform Policy in the Prevention and Control of Healthcare Associated Infections. TVU2: Social Significance and Perceptions (May 2006).
13. Wilson JA, et al. Uniform: an evidence review of the microbiological significance of uniform Policy in the prevention and control of healthcare associated infections: Report to the Department of Health (England), Journal of Hospital Infection 2007.

14. World Health Organisation: WHO Guidelines on Hand Hygiene in Healthcare (Advanced Draft): a Summary. World Health Organisation, 2005

15. Guideline for Hand Hygiene in Health – Care Settings ;
Recommendations of the Healthcare Infection Control practices
Advisory Committee and the HICPAC/SHEA.APIC/IDSA Hand Hygiene
Task Force.

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