



Crumlin | Temple Street | Tallaght | Connolly

## NURSING UNIFORM POLICY AT CHILDREN'S HEALTH IRELAND

<b>Area of use:</b>	All of organisation <input checked="" type="checkbox"/>	CHI at Connolly <input type="checkbox"/>	CHI at Crumlin <input type="checkbox"/>
	CHI at Herberton <input type="checkbox"/>	CHI at Tallaght <input type="checkbox"/>	CHI at Temple Street <input type="checkbox"/>
<b>Lead author &amp; title:</b>	CHI Nursing Uniform Working Group		
<b>Approved by &amp; title:</b>	Ms Tracey Wall, Chief Director of Nursing <i>Tracey Wall</i>		
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**Contents**

1.0 Policy Statement ..... 2

2.0 Aims of the Policy..... 2

3.0 Scope of the Policy ..... 2

4.0 Purpose of the Policy ..... 2

5.0 Key stakeholders ..... 2

6.0 Policy Detail..... 3

7.0 Responsibilities ..... 6

8.0 Infection Prevention and Control..... 6

9.0 Governance and Approval..... 6

10.0 Dissemination and Implementation Plan..... 7

11.0 Monitoring, Audit and Evaluation ..... 7

12.0 Revision / Update..... 7

13.0 References ..... 8

16.0 Appendices..... 10

Appendix 1 - Membership of the Uniform PPPG Development Group 10

Appendix 2 - Membership of the Approval Governance Group 11

Appendix 3 - Bare Below Elbows Poster CH 12

Appendix 4 - Signature Sheet 13

Appendix 5 - Uniform / Dress Code Policy Audit Tool 14

## 1.0 Policy Statement

The nursing team at Children's Health Ireland (CHI) pride themselves on the quality of care they deliver to the infants, children, young people\* and their families who attend CHI services. The professional image presented is an important aspect of the perception of the nursing care delivered in CHI. Children and their families interact predominantly with nursing staff who wear uniform, a consistent and professional approach in appearance is likely to engender in them a sense of confidence in the organisation as a whole. A professional image enhances the confidence felt by children and their parents attending healthcare services (Sanna *et al*, 2020). Uniforms are a means of identifying nursing as a single profession in CHI, which allows children and their families to identify clinical nursing staff more easily, regardless of the CHI site they are attending.

## 2.0 Aims of the Policy

The aims of this policy are to:

- provide clear information to registered nurses, nursing students and Healthcare Assistants (HCAs)\*\* regarding acceptable dress and appearance at work and the supporting evidence
- provide clear information to relevant nursing staff regarding Infection Prevention and Control issues applicable to this policy.

## 3.0 Scope of the Policy

The guidance in this policy applies to all registered nurses, nursing students and HCAs providing clinical care to children and their families.

This policy applies to the above staff who are full-time, part-time, fixed term employees and agency or bank staff employed by CHI.

## 4.0 Purpose of the Policy

Adherence to this policy will:

- project clinical nursing teams in a positive and professional image by dressing in a manner which will inspire public confidence
- identify clinical nursing teams to children and their families, and to visitors and other staff members,
- comply with Infection Prevention and Control standards
- meet current Health and Safety requirements.

## 5.0 Key Stakeholders

- **Policy Development Group established**
  - See Appendix 1 for Membership of the Nursing Uniform Policy Development Group.
  - Cross-reference all CHI Nursing uniform site guidelines and national / international guidelines completed.
  - Matrix of uniforms currently in use across nursing, health and social care professions (HSCPs) etc. with variances clearly identified across CHI sites completed.
  - Relevant and recent literature reviewed.

\* For the purpose of ease of reading, 'infants, children and young people' will be referred to simply as 'children' from this point on.

\*\* For the purpose of ease of reading, 'registered nurses, nursing students and Healthcare Assistants' will be referred to as 'nurses' or 'nursing staff' from this point on.

- **Policy Governance Group**
  - See Appendix 2 for Membership of the Approval Governance Group.

## 6.0 Policy Detail

### 6.1 Legislation

Manual Handling Operations Regulations suggests that the choice of uniform worn by staff may have an effect on their movement. The use of buckles or belts can restrict movement and interfere with patient handling techniques (Royal College of Nursing, 2009).

Uniforms may become contaminated with multi-drug resistant organisms (MDROs), for example Methicillin-resistant Staphylococcus Aureus (MRSA), Staphylococcus Aureus, Clostridium Difficile, which can lead to contamination of hands. For this reason short-sleeved uniforms are advised. For CHI guidance on bare below elbow see Appendix 3.

### 6.2 Equality

National legislation sets out equality rights, specifically outlawing discrimination. The Employment Equality Act (1998; 2015) and the Equal Status Act (2000) outlaw discrimination in employment based on gender, civil status, ethnicity, family status, sexual orientation, religious beliefs, disability, race and membership of the travelling community.

CHI respects diversity and equality of all employees. If a staff member seeks to deviate from this policy based on any of the above grounds, they must discuss their needs with their Clinical Nurse Manager (CNM). However, Infection Prevention and Control requirements and Health and Safety standards are paramount.

### 6.3 Disability

CHI responds positively to requests for reasonable adjustments to agreed uniforms. Accommodations for staff with disabilities will be agreed in consultation with their CNM, any deviation from standard uniform attire will be agreed in writing. Again, Infection Prevention and Control requirements and Health and Safety standards are paramount.

### 6.4 Pregnancy

CHI supports the wearing of specialist maternity wear. Women who are pregnant who require deviation from the uniform policy must discuss and agree a solution with their CNM before purchasing.

### 6.5 Religion

CHI recognises that uniforms may deviate with the dress codes of specific religions and/or cultures (e.g. head coverings, dresses). Headwear, for example turbans and headscarves, are permitted on religious grounds, provided that patient care, health and safety, infection prevention and control and security and safety of patients and staff are not compromised.

In the Operating Theatre Department, normal cloth headscarves may be worn for each theatre shift, with or without an additional theatre cap. The cloth scarf must be washed at 60°C after each shift. Alternatively, single use theatre disposable headscarves, approved by the Infection Prevention and Control team, may be worn.

All clinical staff in uniform are required to wear NAVY trousers. If a staff member seeks to wear a dress instead of the uniform trousers for religious or other reasons, it must be discussed with the CNM and any deviation from standard uniform attire agreed in writing.

## 6.6 Deviating from uniform attire

When a deviation from uniform attire is requested, two key questions must be considered:

1. Is there a legitimate health and/or safety implication to this alternative dress code?
2. Does the adjustment proposed affect the staff member's ability to meet the requirements of the role?

If the answer is "no" to question '1' and '2' then the request should be agreed.

If 'yes', to question '1' and/or question '2', then the proposed adjustment must be reviewed and considered on an individual basis. Further reasonable adjustments can be made, if needed, to meet the health and safety requirements of the role.

Advice may also need to be sought from Infection Prevention and Control colleagues and/or Health and Safety colleagues.

Individual nurses who request to wear something that potentially deviates from this policy, based on any of the above grounds, must discuss their needs in the first instance with their CNM. CNMs are advised to consider each request on an individual basis, and to seek the advice from the Assistant Director of Nursing (ADON). Together they will review the individual nature of the request with sensitivity, discretion and consideration, to ensure a fair and consistent approach to managing compliance with the uniform policy across CHI. It may be necessary to seek advice from Infection Prevention and Control colleagues and/or from Health and Safety colleagues. A written record of the request, outcome and the rationale for same should be retained in the staff member's Human Resources personnel file and a copy provided to the staff member.

## 6.7 Maintaining professionalism

- Nursing staff will present for work in an appearance that is clean, tidy and in keeping with a positive professional image, to encourage public trust and confidence.
- Clothes that are clean and tidy are widely accepted as being important for a positive professional image.
- Nursing uniforms must be of an appropriate size, not too large or too small.
- Uniformed nursing staff are not permitted to travel to and from work in uniform, they must change into uniform on site prior to the commencement of their shift, allowing adequate time to avail of the changing facilities. They must also change out of uniform on completion of shift.
- Uniforms must not be worn in public areas outside the hospital, for example on public transport, in shops and restaurants, since they can be a source of infection and may compromise the safety of those they come in contact with. Wearing uniforms in public places may also negatively impact on public perception of nursing staff and the organisation.
- Where professional attire includes a skirt/dress, it must be of an appropriate length, i.e. knee length or longer.
- Individual departments within CHI periodically hold "dress down" days or "casual" days (e.g. Christmas Jumper day). These days must be agreed in advance with the CNM. During these events nursing staff must consider the roles they are undertaking and ensure that they are dressed appropriately e.g. nursing staff involved in formal or public-facing meetings may need to maintain a more formal dress code. It is important that nursing staff working in clinical areas remain bare below elbow during such events.

## 6.8 Identification

- "Hello My Name Is" (HMNI) has become a core component at CHI in how we introduce ourselves to our patients, their families, our colleagues and the public. It supports effective communication throughout the organisation when introducing oneself.
- In order to maintain the safety of all children, their families, employees and visitors, all nursing staff are required to visibly wear their HMNI badge, at all times while on duty.
- On occasion identification (ID) badges may require to be removed to enable safe patient handling, if the

badge poses a risk to the patient.

- For patient safety reasons, nursing staff are not permitted to wear swipe cards on lanyards or “cloth necklaces” in clinical areas. Extendable identification clip holders are available as alternatives. Non-clinical nursing staff who wear lanyards are responsible for ensuring that these lanyards are laundered at least on a weekly basis, or more frequently if visibly soiled.
- Swipe cards and extendable clips must be cleaned and decontaminated weekly.
- ID badges must NOT be worn in public areas outside the hospital, on public transport, when travelling to and from work, in local shops and restaurants since they identify the wearer as a member of CHI staff and this may compromise their safety.
- Any issues relating to ID badges please link with your CNM for guidance, these may include ordering for new staff or loss and replacement.

### 6.9 Cardigans/Jackets

- Outside the clinical area, the uniform may be worn with a navy blue CHI Logo fleece/jacket.
- CHI Logo fleece/jacket must not be worn in the clinical area at any time.

### 6.10 Footwear/Shoes

- Footwear must be plain and very dark coloured (e.g. black or dark blue).
- Footwear must be made of leather or other suitably robust and impervious material that can be easily cleaned and that will protect the feet from sharps injury and spillages.
- Footwear must not be of open toe style.

### 6.11 Hair

- For health and safety and infection prevention and control reasons nursing staff must wear their hair neat and tidy and off the face while on duty.
- Long hair must be tied up above shoulder length.
- Hair ornaments should be plain and practical for the purpose of keeping hair tidy.
- Beards and moustaches must be kept neat and tidy.
  - FFP2 masks may not provide adequate protection if facial hair is present. Facial hair that lies along the sealing area of the FFP2 mask, such as beards, sideburns or some moustaches, will interfere with the fit of the FFP2 mask, as they rely on a tight face piece seal to achieve maximum protection. Facial hair is a common reason that someone cannot be fit tested (Center for Disease Control and Prevention, 2017).

### 6.12 Jewellery

- In keeping with the practice of bare below elbow, wristwatches, devices such as activity tracker bracelets and bracelets must not be worn in clinical areas, since they prevent effective hand hygiene.
  - Fob watches may be worn.
- The wearing of rings is known to be associated with higher numbers of bacteria on the hands and can affect the effectiveness of hand hygiene techniques. This effect is more pronounced if stoned or multiple rings are worn. The wearing of a single plain band without stones is acceptable, (Royal College of Nursing, 2017), but staff must be advised to manipulate rings during hand washing to ensure the skin under the ring is cleaned (Health Protection Surveillance Centre, 2015).
- Necklaces that can be worn under the uniform and are not visible are acceptable.
- Small ear studs are permitted; long earrings are not permitted as they can be pulled by a small child and cause injury. Ear lobe expanding earrings should not be worn as they can be pulled causing injury.
- Small discrete facial piercings (e.g. nose, tongue, eyebrow etc.) are permitted but these must consist of a small, plain stud, not a hoop. Numerous facial or obvious body piercings are not appropriate in the work environment.

### 6.13 Nails

- It has been shown that nails, including chipped nail polish, can harbour potentially harmful bacteria, which can be transmitted to those receiving care (Center for Disease Control and Prevention, 2021).
- Fingernails must be kept short, clean and tidy to ensure that patients whose skin may be brittle is not inadvertently scratched.
- Nail varnish or false nails are not permitted in the clinical area.

## 7.0 Responsibilities

7.1 It is the responsibility of all nursing staff who are required to wear uniform to:

- Read and comply with this policy in full
- Failure to comply with this dress code may result in disciplinary procedures being enacted.

7.2 It is the responsibility of all CNMs to:

- Read and comply with this policy as appropriate
- Ensure that all nursing staff in their department are aware of this policy and comply with it, as appropriate
- Inform existing and new employees of the importance of this policy's full and continuous implementation. This policy is included as part of CHI employee induction process
- Ensure a record of all those who have read this policy, understood the content and will adhere to its principles is maintained at ward level, see Appendix 4 for example of a Signature Sheet
- Monitor compliance of nursing staff within their remit with this policy and address any deficiencies identified in a timely and appropriate manner, through the normal CHI grievance procedures
- Audit compliance of nursing staff in their department with this policy on an annual basis, see Appendix 5 for Nursing Uniform Policy Audit Tool.

7.3 It is the responsibility of all ADONs to:

- Read and comply with this policy as appropriate
- Ensure that all CNMs in their area are aware of this policy and support effective communication systems to disseminate this policy
- Inform existing and new employees of the importance of this policy's full and continuous implementation. This policy is included as part of CHI employee induction process.

7.4 It is the responsibility of the Directors of Nursing to:

- Ensure that all nursing staff are aware of this policy and that effective communications systems are in place to disseminate this policy document
- Ensure robust clinical governance structures are in place to monitor and audit compliance with this policy.

## 8.0 Infection Prevention and Control (IPC)

Nursing staff working in clinical areas (including out-patient departments) must conform to the *Bare Below the Elbows* requirements.

- Bare Below Elbows - Sleeves must be short or rolled securely up to the elbow in order to allow access to the wrist for good hand hygiene technique. Staff must adhere to sections 6.9 Cardigans/Jackets, 6.12 Jewellery and 6.13 Nails in order to comply with this practice.
- Washing of uniforms - Uniforms must be washed after each use in accordance with the care label.

## 9.0 Governance and Approval

- This policy was commissioned by the Chief Director of Nursing in CHI.
- This policy will be approved by the Nursing Executive Board of CHI.

## 10.0 Dissemination and Implementation Plan

- This policy will be disseminated using existing communication structures in CHI.
- Timeline for implementation 31<sup>st</sup> October 2022.
- Engagement workshops will be held with all nursing grades, including nursing students and HCAs.
- All relevant nurses, nursing students and HCAs must sign a signature sheet to confirm they have read, understood and agree to adhere to the policy.
- This policy will be available on the Hospital Q-Pulse system in CHI at Temple St and in CHI at Tallaght. It will be available on Crumlin Net in CHI at Crumlin and CHI at Connolly.
- A memo will be circulated to all relevant personnel informing them how to access this policy.

## 11.0 Monitoring, Audit and Evaluation

- CNMs will monitor compliance of nursing staff in their clinical area with this policy on an annual basis. An audit tool to monitor compliance with this policy is attached in Appendix 5. Deviations from policy and action plans will be discussed with the individual nurse, nursing student or HCA and the relevant ADON. It is the role of the CNM to address in a timely manner any non-compliance with this policy identified during audit with the individual nurse.

## 12.0 Revision / Update

- This policy will be reviewed by the CHI Nursing Practice Development team in three years from the effective date.
- Revision of this policy will be considered prior to this date if significant changes in international best practice or legislation identifies the need to update the policy.



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## 16.0 Appendices

### Appendix 1: Membership of the Nursing Uniform Policy Development Group

Please list all members of the development group (and title) involved in the development of the document.

Name	Title
Naomi Byrne	Staff Nurse, CHI at Temple St.
Josephine Chacko	CNM 3, Quality Assurance, CHI at Crumlin
Suzanne Cullen	ADON, Nursing-Workforce, CHI
Conor English	CNM 2, Emergency Care Unit, CHI at Tallaght
Helen Flynn	CNM 3, Urgent care, CHI at Connolly
Paul Harding (Chair)	ADON, CHI at Crumlin
Deirdre Hughes	CNM3, Intensive Care Unit, Temple Street
Warren O'Brien	CNM 3, Quality Improvement, CHI at Crumlin
Norma O'Shaughnessy	CNM 3, Clinical Directorate 3, CHI at Temple Street

Policy development was supported by Siobhán O'Connor, ADON, Nursing Practice Development Co-ordinator, CHI at Tallaght.

## Appendix 2 - Membership of the Approval Governance Group

Please list all members of the relevant approval governance group (and title) who have final approval of the PPPG document.

Name	Title
Tracey Wall	Chief Director of Nursing (CDON)
Fionna Brennan	DON, CHI at Connolly and Tallaght
Emma Cooney	Chief Nursing Information Officer
Karen Maguire	DON, CHI at Crumlin
Charlotte O'Dwyer	DON, CHI at Temple St

Appendix 3: Bare Below Elbows Poster CHI



# Don't Put Patients at Risk



## Bare Below Elbows

Giving Hygiene a Helping Hand!



**Appendix 5: Nursing Uniform Policy Audit Tool**

Date conducted:     \_\_\_/\_\_\_/\_\_\_                      Clinical Area:                      \_\_\_\_\_

Category of Staff:     \_\_\_\_\_                      Auditor:                      \_\_\_\_\_

	Question	Yes	No	NA	Comments
1.	Is the staff member’s appearance clean and tidy?				
2.	Is the staff member’s uniform clean and professional in appearance?				
3.	Is the staff member’s hair clean and neat - off the face and shoulder?				
4.	Is the staff member wearing outer garments (cardigan / fleece) in the clinical area?				
5.	Is the staff member wearing a wristwatch, or any other type of jewellery on the wrists or hands, other than a single plain band without stones, in the clinical area?				
6.	Is the staff member wearing footwear that is black or dark blue?				
7.	Is the staff member wearing footwear that is impervious to blood and body fluids and protects against sharps injury?				
8.	Has the staff member access to changing facilities, including a locker?				
9.	Did the staff member change into their uniform on site after arrival at work prior to this shift?				
10.	Will the staff member change out of their uniform on site before leaving work at the end of this shift?				
11.	Does the staff member have adequate numbers of uniforms to facilitate wearing a clean uniform for each shift?				
12.	Are the staff members’ finger nails short, clean and with no nail polish or false nails present?				
13.	Is the staff member wearing a lanyard?				
14.	If the staff member is wearing a lanyard, are they working in the clinical area?				
15.	If the staff member is wearing a lanyard, is it washed/laundered at least weekly or more frequently if it is visibly soiled?				