

NTHSSA-WIDE POLICY	
Title: Dress Code	Policy Number: 01-07-V1
Applicable Domain: Administration and Leadership	
Additional Domain(s): Risk and Compliance Services : Infection Control : Occupational Health and Safety	
Effective Date: 25/03/2020	Next Review Date: 25/03/2023
Issuing Authority: NTHSSA CEO	Date Approved: 25/03/2020
Accreditation Canada Applicable Standard: NA	

GUIDING PRINCIPLE:

The Northwest Territories Health and Social Services Authority (NTHSSA) is committed to providing an environment that is safe and welcoming to all patients, clients and staff. By adhering to current standards and best practice regarding dress code, we are able to uphold a professional image and provide the best quality of care and safety.

PURPOSE/RATIONALE:

- To promote an image to encourage public trust and confidence in Healthcare workers;
- To meet infection control guidelines and minimize cross-infection risks; and
- To be visibly identifiable as a member of a healthcare team.

DEFINITIONS:

ANSI/AAMI: American National Standards Institute/ Association for the Advancement of Medical Instrumentation

Clinical Staff: Staff providing direct care to patients and provide direct diagnosis, treatment or care for the patient.

Non-Clinical Staff: Staff not providing direct care to the patient but may support patient care. Their work does not provide direct diagnosis, treatment or care for the patient.

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Laboratory Staff: Staff working in the laboratory and providing direct diagnosis, treatment or necessary care of the patient based on laboratory results.

Medical Device Reprocessing Staff: Staff responsible for the reprocessing of reusable surgical instruments and medical devices that are used in direct patient care and treatment in the Operating and other departments/stakeholders.

Personal Protective Equipment (PPE): additional equipment worn by staff to better protect them from splashes and contamination. It is usually composed of the following:

- a) gloves;
- b) face mask;
- c) respirator;
- d) face shield;
- e) gown;
- f) apron;
- g) shoe booties; and/or,
- h) hair bouffant.

Semi Critical Areas: These are areas within a hospital/healthcare facility that have procedures that make contact of intact mucous membranes and not penetrate normally sterile areas of the body.

Specialized Departments: other departments in a healthcare facility that are involved in direct patient care.

SCOPE/APPLICABILITY:

Unless the individual community or facility has its own specific dress policy this one is to be considered the standard for all NTHSSA staff

PROCEDURE:

HYGIENE

1. Hygiene is paramount at *all* times to ensure cleanliness and minimize any risk of contamination as well as to ensure not to cause embarrassment to work colleagues, patients and clients.
2. Hair must be kept clean and tidy.
3. Staff in direct patient care must wear their hair away from their face.
4. Other specialized departments may require hair to be kept at a certain way or be hidden in a hair covering based on current industry standards and best practices.
5. Ensure facial hair is groomed and trimmed. Specialized departments may require that facial hair must be covered.

HEADWRAPS AND SCARVES

Headwraps or scarves worn for religious or health-related reasons must be in good repair, laundered regularly and secured to not dangle.

SCENTED PRODUCTS

Scented products must not be used/worn by any employee as these may precipitate allergies or sensitivities to visitors or other employees.

TATTOOS

1. Staff must not display tattoos that contain language or imagery that could be considered offensive. They must be covered whenever possible.
2. For staff involved in direct patient care, tattoos in the forearms and hands must be left uncovered for hand hygiene purposes.

CLOTHING FOR NON-CLINICAL STAFF OR STAFF INVOLVED IN CLINICAL CARE AREAS BUT ARE NOT ISSUED A UNIFORM

1. Professional clothing must be appropriate for the area of work.
2. All employees must appear clean and tidy.
3. While the risk is low, it is best practice to: Upon returning home, change into clean clothes to prevent the possibility of spreading viruses/bacteria or other contagions which may have deposited on clothing when at the healthcare facility or when passing through clinical areas

PPE

1. Staff may be required to wear PPE provided by the NTHSSA. More specific PPE information can be found under the NTHSSA wide policy: Proper Section and Use of Personal Protective Equipment # 12-44-V1.
2. Each staff must wear the appropriate PPE as needed by their department, required by their job/roles, the task involved, and as per the point of care risk assessment.
3. Staff must receive proper continuing education and training on the donning and doffing of PPE. This must be documented.
4. Disposal of PPE must be done in separate and appropriate bins and laundry baskets.

FOOTWEAR

1. Closed toe and closed heel shoes shall be worn at all times. Shoes shall be clean with no visible soiling, non-skid, and provide reasonable foot protection for staff.
2. Footwear must meet territorial labour codes and occupational health and safety guidelines.
3. Some departments may require staff to have a dedicated shoe for the department or a specific area in the department. This requirement must be followed. Dedicated work shoes in a department must stay within the department and must not be worn outside of the area that the shoes are dedicated for.

LANYARDS AND ID BADGES:

1. Staff must wear the healthcare facilities ID badge when working. The badge must be visible at all times.
2. Staff can use lanyards, so long as they can be laundered and cleaned. Lanyards must look professional. It is preferred staff use clips and armbands/wrist coils that can be easily wiped down.

JEWELLERY

1. Direct patient care providers and handlers of sterile supplies shall remove rings, bracelets and watches. A single medic alert bracelet and plain wedding band are permissible unless a specific area of a hospital/healthcare facility does not allow all forms of jewellery inside that department and/or areas based on current industry standards and best practices.
2. Facial piercings include eyebrow, nose and mouth shall be removed or replaced with plain, flat alternatives unless a specific area of a hospital/healthcare facility does not allow any forms of jewellery inside that department and/or areas based on current industry standards and best practices.
3. Wrist watches and other wrist jewellery must not be worn by direct patient care providers, handlers of sterile supplies and those involved in the reprocessing of reusable medical devices.

FINGERNAILS

1. Hand hygiene cannot be performed effectively if staff have nails longer than ¼ inch, wear artificial nails, nail extensions, whether they be acrylic, gel, ceramic or otherwise. These are prohibited for staff involved in direct patients care, clinic procedure and/or the reprocessing of reusable medical devices.
2. Nail polish shall not be worn for staff involved in direct patient care, clinical procedures and/or the reprocessing of reusable medical.

COSMETICS

1. Staff should follow departmental specific standard operating procedure of a department that may require staff not to wear any form of make-up.
2. False eyelashes must be removed in clinical practice and in the reprocessing of reusable medical devices where there is a risk of them becoming detached.

CLOTHING FOR CLINICAL STAFF/LABORATORY STAFF/ MEDICAL DEVICE REPROCESSING STAFF/ STAFF BELONGING TO SPECIALIZED DEPARTMENTS INVOLVED IN DIRECT PATIENT CARE

1. All NTHSSA staff who are issued a uniform are determined by their department and/or roles must appropriately wear their issued uniform.
2. Staff must keep the uniform clean and change if soiled to present a professional appearance.
3. Uniforms must not restrict movement from shoulders, hips and waist. Incorrectly fitting uniforms must be replaced.

4. The staff must change uniform as soon as possible if the uniform has been visibly soiled or contaminated.
5. Staff must change into their uniform in the designated dressing areas of the facility before starting each shift.
6. Once worn, uniforms must not be hung or stored in lockers for future use.
7. Uniforms must not be worn outside or removed from the NTHSSA facility unless staff is undertaking community duties. Uniforms must not be worn on the way home.
8. Uniforms must be laundered only by the designated facility.
9. Maternity wear uniform must be provided to staff in need of a maternity uniform.
10. Scrub suits worn by clinical staff in the operating room theatres, day surgery, labour ward and other specialized departments that apply, must wear them in their designated areas. When leaving these areas, staff must appropriately cover them or change into other clothing.

JACKETS

1. Facility provided “warming” jackets may be worn as part of the uniform.
2. Jackets shall be changed and laundered after each use.

CHANGES TO THE DRESS CODE POLICY

1. Staff with a valid reason for non-compliance to this policy (including religious jewellery or garments) must first discuss the issue with their manager to resolve the issue. If the issue cannot be resolved on that level, the respective Infection, Prevention, and Control and Occupational Health and Safety department must be brought in to review on a case by case basis with emphasis of quality patient care and as well as the safety of staff.

PERFORMANCE MEASURES:

- Departmental yearly audits on adherence to the dress code policy
- Management will monitor adherence to this policy.

CROSS-REFERENCES:

NA

ATTACHMENTS:

NA

REFERENCES:

1. CSA Group (2018). CAN/CSA-Z314-18 Canadian Medical Device Reprocessing. Toronto, Ontario: CSA Group. Section 6.6.2, 6.7.1.1, 7.7.1.2, 6.7.2
2. Operation Room Nurses Association of Canada (ORNAC). (2017). The ORNAC standard, Guidelines, and Position Statement for Perioperative Registered Nurses. ORNAC. Section 2.9, 2.9.8, 2.9.9, 2.9.10, 2.9.12, 2.9.13, and 2.9.14.

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APPROVAL:

March 25, 2020

Date



Sue Cullen
NTHSSA Chief Executive Officer