

Supplement to Uniforms and Workwear: An evidence base for developing local policy: Statement on behalf of the Muslim Spiritual Care Provision (Accommodating religious requirements in relation to dress and hand hygiene)

## Introduction

1. In September 2007, the Department of Health published new guidance *Uniforms and Workwear: An evidence base for developing local policy*, outlining a set of evidence based good (and poor) practice examples. This guidance was intended for use by trusts to compile local dress codes or uniform policies. Whilst the emphasis was on work wear for those who had direct patient contact, much of it also applied to other staff, including non-clinical staff.
2. The guidance identified examples of accepted good (or poor) practice that were based on informed common sense rather than scientific evidence. It has been for trusts to decide whether to include these in their own local policies. These decisions can be driven by a number of factors, including the predominant culture, patient mix and trust type.
3. *The Health and Social Care Act 2008 Code of Practice for the NHS on the prevention and control of healthcare associated infections (HCAIs)* provides that to minimise the risk of infection, trust uniform and workwear policies should ensure that clothing worn by staff is clean and fit for purpose. The Code also provides that particular consideration should be given to items of attire that may inadvertently come into clinical contact with a patient. It goes on to provide that uniform and dress code policies should specifically support good hand hygiene.
4. Whilst the original Uniforms and Workwear guidance has enabled organisation to develop robust local policies that demonstrate compliance with the requirements of the Code of Practice, it has been recognised that dress codes generally do have the potential to cause difficulties for some staff for a variety of reasons, including cultural and religious ones.
5. The Department has therefore worked with the Muslim Council of Great Britain and NHS Muslim Chaplains to address some of the concerns raised by female Muslim healthcare workers and students. This work has resulted in the supplementary statement of guidance that is set out in the following paragraphs. This statement, prepared by the Muslim Spiritual Care Provision in the NHS, gives

examples of how dress code policies might be developed such that individuals can align their religious obligations with their infection control responsibilities without compromising patient safety.

### The work

6. The *Muslim Spiritual Care Provision in the NHS* organised a round table discussion, comprising Health Department officials, policy advisors, Multi Faith Group Healthcare Chaplaincy representative, Islamic Scholars and Muslim Chaplains (male and female) working in the NHS. The Group exchanged views and considered various factors and obligations on staff in terms of both patient safety and religious viewpoints. It became clear that it was possible to identify a number of practical steps in relation to dress code/policy that might be taken to ensure patient safety without compromising religious or cultural beliefs.
7. MSCP has identified the following general statements of principle upon which local trust policies can be based
  - Cleanliness has an important place in Islam; it is described as 'half of ones Faith'.
  - Measures to ensure effective hand hygiene are entirely in keeping with the Islamic requirement to conform with patient safety principles - further detail is provided at Annex 1
  - The safety of the patient is paramount and is at the heart of healthcare provision. The purpose of the clinical dress code is to promote and enable a proper standard of hand hygiene.
  - Islamic Dress Code requiring to cover certain parts of their body is an obligation.
  - Dress Codes should respect and be sensitive to the requirements of different religious groups and it should be possible to accommodate them without compromising patient safety or staff dignity.

### Practical aspects of implementing the dress code

Where does the dress code apply?

8. The dress code applies to staff performing patient care duties with direct contact with patients or with the patient's close environment. The MSCP recognised that most trusts have been able to use the existing guidance to devise policies that take account of local factors without conflicting with religious requirements.

However, the MSCP did find that in some cases, the local interpretation of what constitutes 'patient care' has caused some difficulties. A specimen definition is therefore set out at Annex 2.

#### 'Bare below the elbow'

9. From an Islamic point of view, a woman must cover her arms up to and including the wrist at all times, except in front of her close family members. For many Muslim female staff, 'baring below the elbows' in clinical areas has not been an issue, but for some MSCP found it had so negatively affected their spiritual state that they could no longer continue in their profession. This has caused disquiet among Muslim female healthcare workers, medical students and trainees.
  
10. The MSCP makes the following recommendations about steps that can be taken to ensure local dress code policies are sensitive to the requirements of different religious groups and can be accommodated without compromising patient safety or staff dignity:
  - o Providing uniforms with full sleeves that can be worn at all times except during patient care / patient contact and during hand washing where sleeves should be rolled up  $\frac{3}{4}$  length (between wrist and elbow)
  
  - o Wearing three-quarter length sleeves
  
  - o Ensuring that long sleeves of shirts and blouses should not be so loose as to be dangling. They should be rolled or pulled back to facilitate hand washing and should remain rolled back during patient care / patient contact.
  
  - o Using disposable over-sleeves, elasticated at the wrist and above the elbow that can be used in conjunction with gloves (when gloves are necessary). The use of these over sleeves has been successfully piloted at University of Birmingham Teaching Hospitals Foundation Trust. Staff wishing to use the over sleeves should though be reminded that
    - strict procedures for hand washing up to and including the wrists must still be met
    - the over sleeves should be used and discarded in exactly the same way as disposable gloves

## Hand Hygiene

## Appendix 1

### 1. When to wash hands?

The World Health Organisation refer to this as 'my FIVE moments of hygiene'

1. Before patient contact
2. Before aseptic task
3. After risk of body fluid exposure
4. After patient contact
5. After contact with patient surrounding

<http://www.npsa.nhs.uk/cleanyourhands/resource-area/hand-hygiene-video/>

### 2. Hand disinfection gels

External application of synthetic alcohol is considered permissible within the context of infection control because it is not an intoxicant (i.e. it has not been derived from fermented fruit). Concerns among the community are likely to be in perception rather than principle within Islam. Confusion in this respect may be avoided if the disinfection properties of the product were emphasised rather than the alcohol content.

## Patient duties / patient care – definitions and clarity of terms

Staff should observe the Dress Code when performing clinical care duties with direct patient contact or with the patient's close environment. These are described as follows:

1. Working on the ward:
  - While they are in the patient area
  - performing duties that include contact with patient or patient environment
  - moving between patient areas on the same ward, and
  - moving between patient areas and e.g. the nursing station
  
2. Working in Outpatient clinics:
  - While performing duties that involve patient contact including (but not exclusively)
  - patient examination,
  - wound dressing,
  - collecting samples for laboratory tests
  
3. Working in Surgical Minor Procedure Rooms
  
4. Clinical areas that have specific dress requirements:
  - Surgical theatres
  - Critical / Intensive care Units (CCUs / ICUs)
  - A&E departments

## Appendix 3

### Working Group Members:

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