

Hennepin Healthcare System	
Title: Dress Code and Workplace Image	Policy # 001936
Policy Sponsor: Chief People & Culture Officer	
Review Body(s): People & Culture, Infection Prevention Committee, Security, Health Equity	
Approval Body: Executive Leadership Team	
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PURPOSE

To establish consistent dress code expectations for those providing services on behalf of Hennepin Healthcare System (HHS) that projects an image that is consistent with workplace image and appropriate to the healthcare/healing environment.

POLICY

Appropriate attire reflects HHS’s commitment to patient and family centered care, communicates respect, and inspires confidence. Infection prevention principles influence some of these guidelines as well.

Departments may adopt department-specific dress codes more stringent than the minimum standards. Before adopting such standards, departments must consult with their People & Culture Business Partner and other stakeholders as appropriate.

SCOPE

This policy and these procedures apply to all HHS team members, except where such policies and procedures conflict in any way with applicable collective bargaining agreements, legal requirements, and/or Medical Staff Bylaws. In these cases, the collective bargaining agreements, legal requirements, and/or Medical Staff Bylaws supersede the information in the policy and/or procedure; otherwise, HHS’s decisions as to the interpretation of this information will be final and binding.

This policy applies to all team members at all sites; this policy should be followed while on HHS time for work, education, training, meetings, etc.

DEFINITIONS

Artificial Nails: Any substance or device other than standard intact nail polish on natural nails.

Designated Team Members: Team members who are permitted to wear hospital provided ceil blue scrubs in the following areas: Burn Center, Cardiac Cath Lab, Dentistry, Hyperbaric Medicine, Pathology, Interventional Radiology, Labor and Delivery, Pharmacy Clean Room, Central Sterile Processing, Gastroenterology Lab, and Surgical Services; and providers participating in sterile procedures.

Direct Care Team Members: Team members who come directly in contact with patients in either the inpatient, outpatient, or home setting. Examples include, but are not limited to: Nursing, Providers, Occupational Therapy, Physical Therapy, Phlebotomy, Nursing Assistants, and Radiology.

Patient Care Support Team Members: Team members who provide patient support or prepare patient products. They may or may not directly touch the patient. Examples include, but are not limited to, Bioelectronics, Environmental Services, Facilities Management, Food and Nutrition Services, Interpreters, Laboratory, and Patient Care Services (PSC).

Restricted Areas: Areas in the Operating Room where scrub suit attire is required for the protection of the patient.

Team Member: An individual employed by and/or providing services to HHS, including anyone affiliated with third parties. This includes, but is not limited to, employees, temporary employees, interns, students, residents, fellows, medical staff, contractors, consultants, vendors, agency partners, contingency workers, affiliates, and volunteers.

PROCEDURE

I. General Requirements

A. Attire

Team members and providers are expected to present a neat, clean, odor-free (including tobacco smoke), and well-groomed appearance that is professional and appropriate to the healthcare/healing environment. Clothing and shoes should be clean and in good repair. (Refer to unacceptable attire for further clarification).

B. Shoes and Footwear

1. Pursuant to Occupational Safety and Health Administration (OSHA) regulations, team members working in the following departments/units **MUST** wear closed-toed shoes:
 - a. Ambulatory patient care departments
 - b. Emergency Medical Services
 - c. Environmental Services
 - d. Facilities
 - e. Food and Nutrition Services
 - f. Inpatient patient care units
 - g. Laboratory
 - h. Pharmacy
 - i. Radiology
 - j. Security
 - k. Transportation Services
 - l. Any other area where there is danger of foot injuries due to falling or rolling objects and/or there is risk of feet being exposed to an electrical hazard.
2. All other team members may wear open-toed shoes provided the shoes contribute to an appropriate image for HHS as stated above.

C. Scents, Nails, Jewelry

1. The use of scents should be avoided. Please refer to the policy on Creating a Scent & Odor Sensitive Environment.
2. For infection prevention reasons, direct care and patient care support team members must keep their fingernails clean and healthy and no more than one-quarter inch long and should not extend past the fingertip. They must not wear artificial nails; the only substance allowed on the natural nail is intact standard, traditional nail polish.
3. The use of jewelry must be limited to comply with any department specific infection prevention standards (e.g., Surgical Services, NICU) and should not interfere with direct patient care or other on-duty responsibilities.
4. Facial piercings and tattoos must be discreet and appropriate to the health care/healing environment. In some situations, team members may be required to remove or cover facial piercings, replace facial jewelry with more discreet jewelry, and/or cover visible tattoos that are deemed inappropriate for a healthcare setting.

D. Scrubs

1. Direct care team members must wear a uniform or scrubs, except those team members working in Psychiatry or Knapp Rehab who may wear professional casual attire to eliminate perceived emotional barriers between the patients and team members.
2. For infection prevention reasons, ceil blue scrubs may only be worn as described below:
 - a. Ceil blue scrubs (pants, top, optional scrub jacket) may be worn only by designated team members (see definitions). These scrubs are to be used in specific areas and are used for protection of the patient and are not considered personal protective equipment for hospital team members. These will be healthcare laundered only.
 - b. Designated team members who wear hospital-issued ceil blue scrubs are expected to comply with the following requirements:
 - 1) Other garments optionally worn with ceil blue scrubs must be contained completely within or covered by ceil blue scrubs. A t-shirt is permitted provided that it goes only to the neckline. Turtlenecks and sleeves longer than the scrub sleeve are not permitted.
 - 2) Ceil blue scrubs and scrub jackets are changed daily and when soiled, contaminated or wet. Do not save garments in locker for multiple uses.
 - c. A manager may approve the use of ceil blue scrubs if a team member's regular uniform/personal clothes have become sufficiently soiled during their shift.

E. Lab Coats

1. Lab coats must be clean and pressed.
2. Medical and resident staff may wear lab coats provided by the hospital.
3. Laboratory team members must wear hospital provided lab coats within their department when working at a bench.
4. Other direct care team members may wear lab coats.

F. Barrier Gowns (Isolation Gowns)

1. Barrier gowns are considered personal protective equipment and should be worn anytime clothing or exposed skin may become contaminated with blood or body fluids.

2. Barrier gowns must be tied at the neck and the waist if ties are present.
 3. Barrier gowns may not be worn outside of the patient care area except during the transportation of a patient in a hospital bed that is on contact or enhanced respiratory precautions.
 4. Barrier gowns may not be worn as an extra layer for warmth.
- G. Lab coats, scrubs, or other clothing provided by HHS must be returned when leaving employment or if transferring to a job within HHS that does not require or permit such attire to be worn.
- H. Photo Identification Badge
- Team members, providers, vendors, temporary employees, students, trainees, instructors, residents, and volunteers must visibly wear an HHS-issued photo identification badge at all times when working in their capacity within HHS. The photo identification badge shall be worn at chest height.
1. The front of the badge
 - a. The front of the badge must be visible at all times, worn on the outer most layer of clothing (not in your chest/pen pocket or hiding under a jacket).
 - 1) This includes being visible during video encounters.
 - b. The badge itself cannot be defaced with stickers or other attachable objects. Nothing should perforate the badge.
 - c. The badge must display the HHS "Hennepin Signature logo."
 - d. Lanyards must be short enough to keep the badge at chest-height. Lanyards must have a break-away feature for safety. Lanyards cannot include any advertisements other than for HHS or its affiliates.
 - e. The name of the team member, provider, vendor, temporary employee, student, trainee, instructor, resident, or volunteer will be displayed on the badge:
 - 1) Team members may choose how their name appears on their badge (e.g., first name and last initial only; preferred name, such as Vicky versus Victoria; full first and last name, etc.).
 - 2) Team members' work related credentials always will be shown on badges (MD, RN, etc.).
 - f. The current departmental information and job title of the team member will be displayed on the badge.
 - g. Direct patient care team members must also utilize a role tag that hangs below the badge and is visible to patients and families to better understand the role of the caregiver providing care to the patient.
 - h. Team members who work in Pediatrics, Labor & Delivery, Nurse-Midwife Unit, OB/GYN, Newborn ICU will have pink on their badge to indicate they work in a Pediatric area.
 2. The back of the badge
 - a. The first bar code is the full employee identification number for the team member, provider, vendor, temporary employee, student, trainee, instructor, resident, or volunteer.
 - b. The second bar code is for providers and Hennepin Healthcare Research Institute (HHRI) only.
 3. When the badge needs to be worn

- a. The badge should be worn at all times when providing services on behalf of HHS. The badge is also to be worn during virtual patient encounters.
 - b. The badge should be worn at training events to assure attendance tracking and accuracy.
 - c. Badges are to be taken home every day to assure re-entry access for emergency preparedness and other events such as a lock down etc.
 - d. Badges are not to be worn when not in working status for HHS.
 - e. If a badge is lost, team members must obtain a temporary badge. They may wear the temporary badge no longer than 3 business days before they must replace their lost badge with a new one, at the cost to the team member.
4. Dress for the badge photo
- a. Team members will wear appropriate workplace attire, in accordance with this policy, and should be worn when having the photo taken.
 - b. The following departments may require team members to wear their assigned uniform for their badge photo, if uniforms are provided to team members prior to new employee orientation:
 - 1) Environmental Services
 - 2) Facilities
 - 3) Security
 - 4) Patient Services Coordinators
 - 5) Anesthesia
 - 6) Welcome Services
 - 7) In Ambulatory: Medical Assistants wear scrubs.
5. Required updates to existing badges
- Team members must update their badge for the following reasons:
- a. New job within HHS: A team member has 15 days to update their badge when they have changed jobs.
 - b. New department: A team member has 15 days to update their badge when they have changed departments within HHS.
 - c. Damaged, obsolete, or out-of-date badge (too old, wrong logo, etc.)
 - d. Incorrect information on the badge
 - e. Considerable change in appearance. Team members will need a new photo if they no longer look like their photo ID.
 - f. Managers will require team members to update their badge as indicated above. Team members checking in other team members for classroom education or training may also request team members to update their badge in accordance with this policy.

II. Unacceptable Attire

The following attire is unacceptable:

- A. Shorts, mini-skirts, leggings, or tight stretch pants (unless worn under a dress or skirt); or any pants above the knee.
- B. Halters, tank tops, and midriff-baring garments; thin or spaghetti straps are unacceptable unless worn under a jacket, sweater, scrub.
- C. Exercise clothing (sweatshirts, sweatpants, yoga pants, jogging suits, etc.).

- D. Clothing that is sheer; spandex or Lycra; low-cut or low-slung garments; or clothing that is conspicuously transparent, unkempt, tight, or revealing.
- E. Waistline of pants worn below hip level.
- F. Casual t-shirts, except those with HHS logos during an HHS promotion or specific HHS sponsored event (e.g., volunteering at the state fair).
- G. Clothing with advertising logos; potentially obscene or offensive logos, pictures, sports teams, cartoons, slogans, and/or language; or logos promoting alcohol, tobacco, or drug products.
- H. For safety reasons, it is not appropriate for team members who provide direct patient care to wear dangling jewelry or lanyards that do not break away.
- I. Any denim jean or denim jean-styled pant (denim jeans, blue or black jeans, white jeans, color fashion jeans, etc.). Exception: Plant engineering trade workers are permitted to wear denim pants in accordance with local trade practice; a manager may make an exception under certain conditions (e.g., heavy cleaning during Clean Sweep or in the dock area).
- J. Thong sandals/shoes or other shoes that would be worn as beachwear, e.g., flip-flops, etc.
- K. Open-toed shoes cannot be worn by any person entering a patient care area.
- L. Hats, caps, or head coverings are not acceptable. Head coverings associated with medical needs, surgical caps, religious affiliation, or as they relate to state/federal legislation are acceptable.
- M. Clothing that is torn, faded, stained, frayed, or gives an unkempt appearance.
- N. Clothing that touches the ground.
- O. Attire that may reasonably be considered offensive or distracting to patients, visitors, or other team members.

III. Appropriate Attire

- A. Suits
- B. Dress pants
- C. Casual dress pants (Dockers, chinos, khakis, etc.)
- D. Skirts
- E. Casual dresses
- F. Dress shirts/blouses and collared sports shirts
- G. Sweaters/vests
- H. Sport coats/blazers
- I. HHS collared shirts, sweaters, vests, and jackets

IV. Department Specific Requirements

- A. Team members working in Emergency Medical Services, Food and Nutrition Services, Security, Laboratory, and Surgical Services have additional dress code requirements. Contact the department manager for information about those requirements.
- B. Uniforms are allowed and will be determined by individual department leadership.
- C. Theme dress days will be permitted on a reasonable basis with approval from the respective department director. Sites observing these days shall continue to follow the guidelines of this policy to ensure a professional environment is maintained.

V. Enforcement

- A. A department manager or director has the right to determine the appropriateness of attire in conjunction with this policy.
- B. Violations of the policy will be addressed in the same manner as other policy infractions. Failure to adhere to these guidelines may result in corrective action, up to and including termination. Violations will be considered part of the overall work performance and may be considered with other elements of performance when determining corrective action.
- C. Managers and supervisors should address this policy in pre-hire interviews, job descriptions, during annual performance appraisals, and on an ongoing basis as needed.
- D. Managers and supervisors are responsible for orienting their team members to this policy, and for its enforcement. Non-compliance with this policy may result in coaching or progressive discipline.
- E. Team members arriving at work inappropriately dressed may be directed to clock out for the day, will not be compensated for missed work time, and may be subject to disciplinary action according to this policy and collective bargaining agreements.

SUPPORTING DOCUMENTS

HHS/HHRI Approved Badge Credentials
Surgical Services Attire

SUPPORTIVE INFORMATION

<p>Regulatory Statute/Standard Reference: OSHA standards 29 CFR 1910.136 and 29 CFR 1910.1030 The Crown Act: Minnesota Statute Section 363A.03, subd. 36a. TJC NPSG 07.01.01 Hand Hygiene</p>
<p>Related Policies: Bloodborne Pathogen Exposure Control Plan #001934, Creating a Scent & Odor Sensitive Environment #001839; Hand Hygiene #001888; Isolation (Contact, Droplet, Airborne, Enhanced Respiratory) and Standard Precautions #001923; Isolation: Gowns, Gloves and Facial Protection #001934; Physical Safeguards for Data and Information Systems #002182; Security Access #0306935.</p>
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Communication/Employee Education:

Patient Education: