

UAB MEDICINE *Interdisciplinary Policy*

Title: <i>Professional Code of Conduct and Appearance</i>		
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		Discontinued:

PURPOSE: To establish guidelines for behaviors, actions, attitudes, conduct and appearance of UAB Hospital employees that foster favorable relationships between employees and patients, patients' families, visitors, physicians, and co-workers.

SCOPE: This policy applies to all UAB Medicine employees (UAB Hospital and Ambulatory Clinics, University of Alabama Health Services Foundation (UAHSF), UAB Callahan Eye Hospital).

POLICY STATEMENT: It is our belief that a patient's recovery is aided by sympathetic surroundings and that admissions to our hospital are influenced by interpersonal relationships and by the image our hospital projects. Further, we place a high degree of importance on establishing and maintaining an atmosphere of courtesy, respect, and concern for each customer - patient, family members of our patients, visitors, physicians, and co-workers – so that all persons have a favorable perception of our hospital. UAB Medicine wants to ensure that it projects an image of professionalism, cleanliness and safety to our patients, visitors and employees at all times.

ASSOCIATED INFORMATION:

1. **Definitions: "Appropriate demeanor"** is defined as behavior, action, or attitude expressed during interactions with other people while providing services or products in this hospital. Appropriate demeanor includes observing all stated guidelines in the "You and UAB" Handbook, UAHSF Employee Handbook, and Callahan Eye Hospital Employee Handbook, to include: Exhibiting courtesy and politeness. Showing concern for the well-being of patients/families, being sensitive to needs and wants of patients/families, quickly responding to patient/family needs, and cooperating with and being helpful to our customers.
 - a. Taking pride in self, profession, and our hospitals and clinics.
 - b. Demonstrating respect for other human beings.
2. **UAB Medicine Hospitals and Clinic Customers** are our Patients, Patients' families, Visitors, Physicians, Co-workers, and any person who provides services or products for our patients or for our hospital.
3. **"Favorable perceptions"** are defined as the expected outcome of the following actions:
 - a. Treating the patient as a welcomed "guest."
 - b. Providing the highest level of quality care.
 - c. Providing patient care with caring and compassion.
 - d. Demonstrating respect for co-workers, patients, patients' families, visitors and all customers.
 - e. Maintaining a clean, quiet, comfortable, secure and properly equipped environment.
4. **Personal Electronic Devices** include cell phones, I-phones, Blackberries, Bluetooth, I-Pods, laptops, and other similar devices in the workplace.

5. **OSHA (Occupational Safety and Health Association)** is a government regulatory agency that monitors safety in the workplace.
6. **Semi-restricted Areas**, for purposes of this policy, include any areas where scrub attire is required.
7. **Restricted Areas**, for purposes of this policy, include areas where scrub attire is required and a mask is required due to the presence of a sterile field or scrubbed persons (e.g., operating rooms with open field or IUSS sites such as sterile supply cores).

POLICY:

- A. All UAB Medicine employees are expected to maintain an image of professionalism in their behaviors, actions, attitudes, conduct, and appearance that fosters favorable relationships between employees and patients, patients' families, visitors, physicians, and co-workers.
 1. UAB Medicine shall comply with the **UAB Health System "Employee Professional Standards Guide."**
 2. Department directors/managers may adopt more stringent requirements, but not less stringent, than the requirements contained in this policy. Such "more stringent" requirements should be covered during orientation, staff meetings, and/or posted in the work areas.
- B. Each employee shall at all times:
 1. Be aware that his/her behaviors, actions, and attitudes should have a positive influence on patients and other individuals, including physicians and co-workers.
 2. Demonstrate appropriate demeanor and compliment co-workers when his or her actions comply with or exceed these policy components.
 3. Remind co-workers when his/her actions are inconsistent with this policy.
 4. Bring to the attention of the appropriate manager/supervisor instances of behavior that is not consistent with this policy.
 - a. The behavior may be specific to any employee, whether under his/her own supervisory jurisdiction or that of another supervisor or manager.
- C. Employee Telephone/Communication Etiquette/Personal Electronic Devices:
 1. All callers shall be treated with respect and courtesy. *See Attachment A for Telephone Etiquette guidelines.*
 - a. The employees should adhere to these telephone usage guidelines for personal calls:
 - i. They may use the telephone under limited circumstances, in urgent needs, not in patient care areas.
 - ii. Long distance calls must not be charged to hospital departments or the University.
 - b. Speaker phones shall not be used in communicating patient information as this could be a HIPAA violation; excluding procedural rooms.
 2. Employees shall adhere to the "and "Consent to Photograph or Record" policy regarding use of electronic devices.
 - a. It is preferred that personal electronic communication devices not be visible to others outside an employee's clothing. (e.g., on belt or waist) during working hours. Employees who use their communication devices to receive pages or to facilitate the delivery of patient care may wear a cell phone protective case attached to the belt, waist, etc.
 - i. Employees should exercise discretion in the use of personal electronic devices for non-work related needs/activities while on duty, including making or answering calls, viewing missed calls, and sending or receiving text messages. Employees should not use personal electronic devices to play games, access the internet for non-job-related purposes, listen to music, etc.

3. Employees shall adhere to the “ *UAB Medicine Digital Media & Communications Policy*.”
- D. Professional Attire in the Clinical Environment:
 1. **Non uniformed Employees** shall adhere to the Health System “**Employee Professional Standards Guide.**”
 2. **Uniformed Employees** may have additional requirements depending on their work area such as uniforms, scrubs and/or other types of attire.
 - a. Scrub suit attire color will be determined by senior leadership.
 - b. Any clothing with UAB logos or clothing for UAB related events must be authorized by senior leadership.
 - i. Clothing with non-UAB slogans, advertisement, or logos shall not be worn.
 - ii. Holiday tops/uniform cover-ups are acceptable for holiday wear during the week of the holiday with prior approval.
 - c. T-shirts, including UAB T-shirts, are not to be worn by any employee, except as part of an official uniform or as approved by Administration.
 3. All **uniforms** and/or scrubs shall be neat and clean.
 - a. Uniforms and/or scrubs must fit appropriately without being tight so that undergarments are not visible.
 - i. Under garments shall be worn and shall not be visible.
 - ii. Tops shall be long enough to cover mid-drift.
 - b. Some departments may have color restrictions and/or requirements for scrubs and/or uniforms.
 4. **Purchasing and Laundering of uniforms/scrub suits:**
 - a. Employees shall be **required to purchase their own** uniforms.
 - b. **Choice of scrub suit color or patterns** for nursing/departments and house staff shall be at the discretion of the department manager, administrative director, or chair.
 - c. Uniform **fabric selection** should comply with Infection Prevention guidelines and regulatory requirements including low-linting (no fleece) materials or materials such as nylon, or synthetic with the potential to create significant static electricity.
 - d. All personnel shall be responsible for **laundering of their own scrubs suits**.
 - i. Only visibly clean scrub suit attire, free from soiling and contamination, shall be worn in the required work areas.
 - ii. **Recommended Laundering of Scrub Suits:** Wash in automatic washer, separately, according to manufacturer’s recommendation, on the regular wash cycle at the hottest temperature. Dry in automatic dryer on hottest cycle until completely dry.
 5. **If uniform or scrub suites become contaminated:**
 - a. Visible blood, body fluids or grossly soiled/contaminated scrub suits shall be changed immediately or as soon as feasible in the work environment.
 - i. Contaminated scrubs shall be removed and a hospital owned scrub suit shall be temporarily provided to the employee.
 - ii. These scrubs are the property of UAB Hospital and are **ONLY** to be worn on hospital premises. Any unauthorized employee found wearing hospital owned scrubs on or off hospital premises will be subject to disciplinary action (see Employee Handbooks).
 - b. The employee’s scrubs shall be placed in a leak-proof bag with a biohazard symbol, as recommended by OSHA, and sent to Support Services for laundering.

- i. After laundering, Support Services shall return the scrub attire back to the department.
 - c. Employees wearing special colors shall turn in the hospital owned scrub suit to be able to retrieve their laundered scrub attire.
 - i. These employees shall label their scrubs with first initial, last name and department for return.
 - d. If removing contaminated scrubs pose a risk of further skin or mucous membrane exposure to blood/body fluids, the scrubs shall be removed by cutting off the person.
 - i. The employee shall be provided with hospital scrubs.
 - ii. If new scrubs are required, the Supervisor shall order the scrubs at hospital expense.
 - iii. The employee may take the hospital scrubs home and shall turn in the hospital scrubs when their scrubs have been properly laundered and returned to the employee.
- 6. **Personal Protective Equipment (PPE)** is intended to be worn only in the area where such apparel is required (i.e. isolation, decontamination areas) and appropriate for the task, to reduce the risk of exposure to blood, body fluids, or other liquids that may contain potentially infectious agents.
 - a. Shoe covers, cover gowns, aprons, surgical masks, and/or disposable hair covers shall be removed and discarded in a designated receptacle daily or when contaminated and before leaving the area.
 - b. Approved eye protection shall be worn with contact lenses while working in the laboratory environment.
- 7. **Lab Coats:**
 - a. Pharmacists and Pharmacy Residents shall be required to wear clean, pressed, white three-quarter length or longer, long-sleeved lab coats with embroidered name identification above the left breast pocket.
 - i. Only a name and degree should be embroidered on the coat above the left breast pocket and should only include a name and degree (John Doe, Pharm.D. or Mary Doe, RPh).
 - ii. Lab coats may at times be required on nursing units and in other patient care areas at the discretion of the manager.
- 8. Lab coats are not permitted in the semi-restricted and restricted areas of the Operating Room.
 - i. Pharmacy students will be asked to wear a short white lab coat as approved by their pharmacy school.
 - b. Laboratory personnel working in the technical work areas shall comply with the following requirements (*OSHA requirement*)
 - i. White lab coats or other protective garments provided by Hospital Laboratories shall be worn while on duty in the laboratory.
 - ii. Lab coats or other protective garments shall be left in the laboratory when leaving the work area.
- 9. **Back support belts** issued by the department may be worn in areas where heavy lifting is required.
- 10. Dress code for **Semi-Restricted and Restricted Areas** (see definitions) conforms to (or exceeds) CDC/HICPAC guidelines.
 - a. Persons entering semi-restricted and restricted areas shall wear a clean **scrub suit**, freshly laundered and changed daily.
 - i. Employees are permitted to launder their scrubs at home, consistent with D.4 above.
 - ii. Scrub top shall be secured at the waist, tucked into the pants, or fit closely to the body.

- iii. An **undershirt** is optional but if desired must be worn under a scrub top and tucked in at the waist.
- iv. **Identification badge** must be clean and secured and visible on the surgical attire top.
- v. Scrub attire that becomes visibly soiled, contaminated, and/or penetrated by blood or other potentially infectious material shall be changed and hospital-laundered before leaving UAB in accord with D.5 above.
- b. Non-scrubbed personnel are required to wear a facility-provided **scrub jacket**, changed daily. The jacket must also be changed when visibly soiled and shall not be worn outside the facility.
- c. **Shoes** must be clean, with closed toes and backs, low heels, and non-skid soles.
 - i. **Shoe coverings** are optional and shall be discarded upon leaving the perioperative/peri-procedural area.
- d. Head hair, facial hair, and scalp shall be fully covered with a single-use, facility-issued **head cover**.
 - i. Any multiuse or home-laundered head cover must be fully covered with a single-use, facility-issued bouffant cap.
 - ii. Staff with facial hair (beard, moustache, sideburns, beard-like hair) shall wear a single-use, facility issued hood that fully covers head and facial hair. A beard cover is required if the hood does not cover all facial hair. Exposed facial hair, including new growth exceeding 24 hours, is prohibited.
- e. **Fingernails** shall be bare with no artificial nails or overlays and shall not extend more than ¼ inch beyond the fingertip.
- f. In restricted areas (see definition), nose and mouth shall be covered with a disposable, single-use, non-woven high filtration **mask** with facial compliance.
 - i. Masks should be discarded after each procedure and upon exit from the perioperative/peri-procedural area.
 - a. Masks should be removed by handling only the ties, avoiding the filter portion of the mask, and discarded immediately after removal.
 - b. Hand hygiene should be performed after removal of masks.
- g. All scrubbed personnel shall wear **protective eyewear** or face shield.
 - i. Non-scrubbed personnel shall don protective eyewear, face shield, masks, or additional protective attire when eye, nose, or mouth contamination reasonably can be anticipated as a result of splashes, spray, or splatter of blood droplets or other potentially infectious materials.
- h. Sterile **gloves** shall be worn when performing sterile procedures.
 - i. When worn in conjunction with a sterile gown, sterile gloves shall be donned after the sterile gown.
 - ii. Non-sterile medical gloves are recommended for non-sterile activities.
 - iii. Gloves should be changed between patient contacts or after contact with contaminated items when a task is complete.
 - iv. Hand hygiene shall be performed when gloves are removed.
- i. The following are **prohibited** in semi-restricted/restricted areas:
 - i. Fleece materials.
 - ii. Lab coats.

- iii. Jewelry not contained within the surgical attire.
 - a. Wedding rings and watches are permitted for non-scrubbed personnel.
 - iv. Backpacks, briefcases, purses, or other personal bags.
 - j. **Visitors** entering semi-restricted or restricted areas for a brief time or for a specific purpose (e.g., law enforcement officers, parents, biomedical engineers) shall cover all head and facial hair (as described in D.10.d above) and shall don either freshly laundered surgical attire, single-use surgical attire, or a single-use jumpsuit (e.g., coveralls, bunny suit) designed to completely cover outside apparel.
 - i. **Students** involved in clinical rotations in restricted areas are permitted to wear their freshly laundered, visibly clean school-approved scrub attire and identification badge.
 - k. **RNICU staff attending deliveries** in the Labor and Delivery OR or entering the Resuscitation Hallway shall wear surgical attire as described in D.10.a above, single-use attire, or a single use jumpsuit designed to completely cover outside apparel.
 - i. Before entering the Labor and Delivery OR, appropriate attire shall be donned including shoe covers, cap, and mask.
 - ii. The physician or staff member receiving the infant shall perform a sterile scrub according to guidelines and observe sterile technique and don a sterile gown as other members of the surgical team.
 - iii. Following delivery, the gown shall be disposed of in a linen hamper, if reusable, or in the trash can, if disposable.
 - iv. This procedure is to be followed for each delivery.
- E. Personal Grooming and Hygiene:**
- 1. Hairstyles and hair color should be neat and professional.
 - 2. Nails must be professional in appearance and color.
 - a. **Artificial, wrapped and/or overlay nails or nail enhancement** of any kind **are prohibited** for staff working in clinical, food service areas, and any other areas as directed by Management,
 - b. **Nail lengths** must comply with any Infection Prevention and/or department guidelines.
 - i. For Staff working in non-patient care areas, nails shall be neat and clean, no longer than one-half inch from the end of the finger.
 - ii. For staff working in patient care areas, nails must be kept at a length as to not harm patients, natural nail tips are **not to exceed ¼ inch** (CDC Guidelines).
 - iii. Chipped nail polish promotes the growth of micro-organisms on fingers:
 - a. Therefore, nail polish if worn must be in good condition with no chipping.
- F. Requests for exceptions to any of the dress standards based on cultural, religious or medical reasons must be submitted in writing by the employee to the Director, Hospital Human Resources Management for consideration.
- 1. The employee shall receive a written response.
- G. Responsibility and Compliance**
- 1. Employees are expected to comply with this policy and other practices that may exist in the work unit.
 - 2. Each supervisor, manager, nurse manager, nursing director, cost center manager, or Associate/Assistant Vice President shall be responsible to ensure that every employee under his/her jurisdiction adheres to this policy.

- a. It is the supervisor’s responsibility to ensure employees are advised of the Professional Code of Conduct and Appearance guidelines to enforce this policy within their work unit.
- b. At the managers’ discretion, an employee not in compliance with this policy will **not** be permitted to work until the matter is corrected.
 - i. Employees may be sent home due to non-compliance with this policy.
 - ii. Employees may be subject to progressive corrective action for non-compliance with this policy consistent with “You and UAB”.
 - iii. Employees who are in violation of this standard may be sent home without pay to change cloths and return immediately to work.
 - a. The department director/manager may use their discretion as to whether or not the employee may make up time missed.
 - iv. Evaluate an employee’s compliance with these standards as part of regularly scheduled performance appraisals and required competency.

REFERENCES:		
<p>AORN. (2017). Guideline for surgical attire. <i>Guidelines for perioperative practice (pp. 105-27)</i>. Denver: AORN.</p> <p>Berríos-Torres SI, Umscheid CA, Bratzler DW, et al; Healthcare Infection Control Practices Advisory Committee. (2017). Centers for Disease Control and Prevention guideline for the prevention of surgical site infection, 2017. <i>JAMA Surg</i>. Published online May 3, 2017. doi:10.1001/jamasurg.2017.0904</p> <p>Berríos-Torres SI, Umscheid CA, Bratzler DW, et al; Healthcare Infection Control Practices Advisory Committee. (2017). Centers for Disease Control and Prevention guideline for the prevention of surgical site infection, 2017: Background, methods, and evidence summary. <i>JAMA Surg</i>. Published online May 3, 2017.</p> <p>CDC. (2002). 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. <i>MMWR</i>. October 25, 2002, Vol. 51, No. RR-16.</p> <p>Mangram, AJ, Horan, TC, Pearson, ML, Silver, LC, Jarvis, WR. (1999). Guideline for prevention of surgical site infection, 1999. <i>Infection Control and Hospital Epidemiology</i>, 20(4), 247-78.</p>		
CMS:	§482.42 TAG: A-0747	TJCH: IC.02.01.01, IC.02.03.01
Cross-References (CR):		
Associated Diagnosis/- Cross-References (CR):	<p>*Standard Precautions (CR)</p> <p>*Answering the Telephone (Financial Svcs) (CR)</p> <p>* Customer Service (Laboratory)CR)</p>	<p>* UAB Medicine Digital Media & Communications Policy (CR)</p> <p>*Employee Professional Standards Guide Booklet (CR)</p> <p>*Consent to Photograph or Record (CR)</p> <p>*UAB Medicine Core Values</p> <p>Lippincott Procedures and Skills:</p> <p>*Surgical Asepsis: Surgical Attire</p>

ATTACHMENTS: A: Telephone Etiquette Guidelines

INTERDISCIPLINARY COLLABORATION

<i>None</i>		
Physician / Medical Committees		Endorsement Date
<i>None</i>		
Committees / Councils		Endorsement Date
<i>Terri Poe, CNO</i>		<i>08/24/17</i>
<i>Mona Jackson, Dir, Corporate Compliance</i>		
Hospital Department(s)		Endorsement Date

Tracking Record

Action				Reasons for Development/Change of Policy							Change in Practice		
Devel- oped	Refor- matted	Re- viewed	Revised	Re- quired Review	Rele- vance	Ethics	Legal	New Knowl- edge	QA/I	Risk	No	Yes	Comment/ Explanation of Impact
		X	X	X	X					X		X	<i>Primary changes related to the Operating Room 6/29/15 – edited 4.4.10.3 to clarify requirements for RNICU staff.</i>
Supersedes:		Dress Code Standard, 3/25/94, 03/26/97, 08/07/00, 04/02/01, 06/07/04 Merged in: Hospital Laboratories Dress Code LA# 39r9, Dress Code (Respiratory Therapy) RT# 1r2, Uniform Dress Code (Food & Nutrition) FN# 37r3, Dress Code (Rehab Services) RS# 6r2, Dress Code (Radiation Oncology) RO# 20r2, Dress Code for Guest Services Department GS# 40r, Dress Code for the Mail Room GS# 41r, Professional Appearance Dress Code (Heart Station) HS# 1r2, Dress Code (Radiology) R# 13r2, Uniforms and Personal Appearance (Pharmacy) PH# 189r4, Uniforms (Environmental Services) ES# 22r3, Uniform and Personal Appearance Policy (Clinical Neurophysiology) CN# 15r, Uniform and Personal Appearance (Support Services) SS# 8r4, Professional Appearance (Dress Code) (Nursing) N# 458r6, OR Attire I# 440r3, Scrub Suit Attire I# 400r, Professional Code of Conduct I# 157r3, Behavior and Dress, Department of Volunteer and Family Services GS# 27, Telephone Usage I# 212r3, Telephone Use Pharmacy PH# 232r3 (Pharmacy), Telephone Usage SS# 7r3 (Support Services); Professional Code of Conduct and Appearance 10/05/09; Professional Code of Conduct and Appearance 05/05/14; 06/18/15, 10/13/16, 02/20/17 Merges in Health System Professional Appearance, Uniforms and Hygiene I# 1085 07/06/09,											
File Name:		Professional Code of Conduct and Appearance I# 204r9											
REVISIONS: Consistent with Joint Commission Standards, this policy is to be reviewed at least every 3 years and/or as practice changes.													

Attachment A:

Telephone Etiquette Guidelines

1. The maximum number of rings should not exceed 3 before the telephone is answered.
2. When answering the phone, smile, speak slowly and always:
 - a) Say the name of the department.
 - b) Give your first name.
 - c) Say "How may I help you".
3. After the greeting and the request for information has been received from the caller, the employee shall proceed in a courteous, helpful and responsive manner to the caller.
 - a) If it is necessary to place a caller on hold, ask permission by saying: "May I place you on hold?" and wait for the callers' response.
 - b) When taking a message, include the following:
 - (1) Person called.
 - (2) Name of caller.
 - (3) Caller's telephone number, location, time and date.
 - (4) Message.
 - (5) State that you will relay the message as soon as possible and do so.
 - c) When transferring calls:
 - (1) Inform the caller to whom he or she will be speaking and the number to which you will be transferring them.
 - (2) Press the transfer key on the phone and dial the number to which you are transferring.
 - (3) When the phone is answered, a 3-way connection will immediately be established between you, the person you are transferring the call and state who is being transferred to them.
 - (4) Exit the conversation quietly.
4. Use of Speaker Phones:
 - a) Never answer the phone with the speaker option on.
 - b) Always ask permission from the caller if they are in agreement to be placed on a speaker phone to allow other parties to hear and participate in the call.
 - c) Never use a speaker phone with conveying any patient information as this can be considered a HIPAA violation.