



AFIC National
Sharia Board

Guidance on NSW Health Dress Code Policy for Clinical Roles

**In the name of Allah, the beneficent, the merciful.
May the peace and blessings of Allah be upon his final messenger Muhammad**

We recently received a question regarding the NSW Health policy for health care workers when delivering their duties to patients. This and other relevant policies require male and female health care workers in a clinical role to be bare below the elbows during the performance of their duties. The policy can be problematic for Muslim women who have sought to observe the hijab in public. This document addresses the apparent conflict.

The Hijab

Hijab is an Arabic term that denotes a cover or veil. Muslim women who observe the hijab cover their head and most of their bodies, including their forearms. They may uncover parts of their bodies in public in circumstances of necessity. This is limited by the length of time of the necessity and to the fulfilling of the person's need. This includes uncovering parts of the body that require medical treatment to a medical practitioner, when giving birth to a child, and to avoid a personal harm (clothing caught in an escalator, etc).

The difficulty for Muslim women lies in the apparent conflict between the hijab requirement and the health policy.

The health policy

Four relevant policy documents were shared with us so that the matter can be analysed comprehensively. Standards directly relating to the uncovering of the forearms came from the following two documents:

IPC practice handbook¹

Long sleeve articles of clothing should not be worn in clinical environments. If worn sleeves must be rolled above the elbow during clinical/direct patient care. The only forearm attire permitted within the clinical area is PPE (impervious gowns, sterile gowns, gloves) – pg 50.

¹ Infection Prevention and Control Practice Handbook 2020



The ability to perform effective hand hygiene for the clinical care required must not be impeded by the wearing of long-sleeved garments or forearm jewellery (for example religious bangles, medical bracelets, or bandages). HOs should perform a case-by-case risk assessment in consideration to the risk to patients versus the HW – pg 50.

SWSLHD Uniform and Dress Code Policy²

Staff are to comply with any requirements to be 'bare below the elbows', e.g. no long sleeve shirts under scrubs. Cardigans or jumpers are not to be worn when providing direct clinical care. Pg5

Students are required to wear the uniform stipulated by their education provider. Pg 6

The Islamic Ruling

We must now determine whether we can align the health policy requirement with the hijab requirement. From the policy end we think it is important the policy-makers consider the importance of the hijab for many of these women in their policy-formation whenever these policies are due for review. This can include consideration for the following:

- Any fabric or material that can be used to cover the forearms while not posing any health risk of spreading infection.
- PPE that may be worn more regularly which covers the forearms.
- Consider how the policy interacts with the policy which ensures freedom of religious practice.
- Mentioning clothing items that can easily be rolled up during direct patient care and rolled down afterwards.

Muslim women vary in their observance of hijab and the parts of their body they believe are necessary to cover. Most mainstream Muslim women who wear hijab maintain that between the wrist and elbow must also be covered. One way to alleviate the concerns for many of these women and hence increase their access to these important and understaffed professions is to emphasise that it is only a requirement during clinical or direct patient care. Outside of this they may re-cover their forearms. It can also be mentioned that during this care they may wear PPE such as gauntlet gloves if feasible.

² SWSLHD Uniform and Dress Code Policy 2020



Uncovering the forearms for the purpose of performing hand hygiene (washing) should not be an issue for Muslim women observing the hijab as this can be done away from the view of men.

Is there Islamic legal precedence for uncovering the forearms in other situations?

Below is an excerpt from a scholarly article published on a reputable Islamic website and approved by a contemporary Muslim scholar. Not all Muslims will follow this view so it will not be reassuring to all of them, but it does make it easier for them to accept it during direct patient care:

*for situations in which the forearms are normally exposed **due to the undue hardship** of performing those tasks while keeping the forearms covered, the woman may uncover her forearms so as to perform those tasks. That is, this ruling can only be used for cases of **genuine need**, and once the need is fulfilled, she must recover her forearms³.*

Muslim women currently in such roles have reported pulling up their sleeves during direct care. One professional reported to us:

“Day to day I have long sleeves. If doing a procedure in the clinic, I pull up my sleeves. When in theatres I am in usual scrubs and put on a jacket in between”

Recommendations

In order to reassure Muslim women who observe the hijab regarding these professions we encourage trainers and other staff to approach the matter in a considered, understanding and informed way. The current health policies appear to allow long-sleeve articles of clothing to be worn underneath regular scrubs but require them to be rolled up

during clinical/direct patient care

It also allows for the wearing of PPE in the clinical area. This PPE may or may not cover the forearms and may or may not be suitable to wear at all times.

³ <https://seekersguidance.org/answers/hanafi-fiqh/is-there-an-opinion-that-a-woman-can-reveal-her-forearms/>



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This indicates to us that the default situation is the Muslim health professional may be covered, but must roll up her sleeves to the elbow during direct patient care, and this is supported by the Islamic scholarly article referenced above.

We don't see any reason a Muslim woman would be impeded from performing effective hand hygiene while maintaining hijab, as the hand hygiene may be performed away from the view of men.

We recommend continued consideration for the needs of religious communities including Muslim women in observing Hijab whenever the policy is reviewed or updated.

From what we have seen, we don't think these policies would be a cause for Muslim women observing the hijab to avoid these vital and often understaffed positions which are of great service to our society.

And Allah knows best.

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18/05/2023

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