

Dress Code and Uniform Policy

Document Author	Authorised Signature
<p>Written by: Carol Alstrom</p> <p>Signed:</p> <p>Date:</p>	<p>Authorised by: Kevin Flynn</p>  <p>Signed:</p> <p>Date:</p>
Job Title: Chief Nurse and Director of Infection Prevention and Control	Job Title: Chief Executive
Policy Lead Director: Chief Nurse and Director of Infection Prevention and Control	
Effective Date: 27th June 2011	Review Date: 27th June 2014
Approval at: Provider Executive Board	Date Approved: 27th June 2011

Version Control History:

(This section contains previous version history of this policy once the policy has been approved and is only moved to this page after final approval)

Version:	Date:	Author:	Status	Comment:
1	23/10/07	C. Alstrom	Draft	
1.1	11/11/07	C. Alstrom	Draft for consultation	
1.2	20/01/08	C. Alstrom	Draft for approval	
1.3	06/02/08	C. Alstrom	Draft for approval	
2	19/02/08	C. Alstrom	Approved	
2.1	19/07/10	C. Alstrom	Revision for consultation	
2.2	21/03/11	C Alstrom	Draft for consultation	For agreement at IPC Committee, amended following comments
2.2	01/04/11	C. Alstrom	Draft for consultation	Clinical Standards Group
2.3	27/04/11	C. Alstrom	Draft for consultation	Partnership Forum
2.3	13/05/11	C. Alstrom	Draft for consultation	Directorate Forum
2.4	23/05/11	C. Alstrom	Draft for consultation	Revised following Partnership Forum comments
2.5	03/06/11	C. Alstrom	Draft	Endorsed at Service Delivery Executive Board
3.0	27/06/11	C. Alstrom	Approved	Provider Executive Board
3.0	29/03/2012	C. Alstrom	Approved	Logo and wording updated for new organisation

N.B This Policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust.

CONTENTS PAGE

SECTION	DESCRIPTION	PAGE
1	EXECUTIVE SUMMARY	5
2	INTRODUCTION	7
3	SCOPE	7
4	KEY RESPONSIBILITIES	8
5	POLICY	
	5.1 Dress code - all staff	10
	5.2 Uniform policy	14
	5.3 Additional information for particular staff groups	16
6	APPEALS AGAINST THE DRESS CODE AND UNIFORM POLICY	19
7	IMPLEMENTATION/TRAINING/AWARENESS	19
8	MONITORING AND KEY PERFORMANCE INDICATORS	19
9	REFERENCES	20
10	LINKS TO OTHER POLICIES	20
11	DISCLAIMER	21

Appendices:

A	DIRECT PATIENT CARE ACTIVITY	
B	APPEARANCE POLICY FOR ALL STAFF INVOLVED IN DIRECT PATIENT CARE ACTIVITY	
C	APPEARANCE POLICY FOR ALL STAFF NOT INVOLVED IN DIRECT PATIENT CARE ACTIVITY	
D	DESIGNATED UNIFORMS FOR ALL STAFF GROUPS	
E	GUIDELINES FOR LAUNDERING UNIFORMS AT HOME	
F	THEATRE ATTIRE POLICY	
G	FLOW CHART TO SPPORT DECISION MAKING	

1 EXECUTIVE SUMMARY:

- 1.1 This policy applies to all staff and is based on the Department of Health Guidance on Uniforms and Workwear 2010.
- 1.2 The policy sets out the expectation that the staff of the Trust will present a professional and smart appearance to both patients and the public when at work. All staff are ambassadors for the Trust and recognise that their appearance acts as a visual measure of how the public views the Trust.
- 1.3 This policy sets clear standards for dress code and appearance in the workplace for all staff and professional groups. The Dress Code and Uniform Policy content takes into account the different requirements for staff whose work involves direct patient care activity and those groups of staff who do not have a direct patient care activity element to their role.
- 1.4 The objectives of the Uniform elements of this policy fall into three key areas: patient safety, public confidence, staff comfort, as laid out in the Department of Health Guidance published in March 2010.

1. **Patient safety.** Effective hygiene and preventing infection are absolutes in all healthcare settings. Although there is no conclusive evidence that uniforms and workwear play a direct role in spreading infection, the clothes that staff wear should facilitate good practice and minimise any risk to patients. Uniforms and workwear should not impede effective hand hygiene, and should not unintentionally come into contact with patients during direct patient care activity. Similarly, nothing should be worn that could compromise patient or staff safety during care, for example false nails, rings, earrings other than studs, and necklaces. Local policies allow a plain ring, such as a wedding ring
2. **Public confidence** Patients and the wider public should have complete confidence in the cleanliness and hygiene of their healthcare environment. The way staff dress is an important influence on people's overall perceptions of the standards of care they experience. Uniforms should be clean at all times, and professional in appearance. In addition, although there is no evidence that wearing uniforms outside work adds to infection risks, public attitudes indicate it is good practice for staff either to change at work, or to cover their uniforms as they travel to and from work. Patients and visitors also like to know who is who in the care team. Uniforms and name badges can help with this identification.
3. **Staff comfort and safety** As far as possible, subject to the overriding requirements of patient safety and public confidence, staff should feel comfortable in their uniforms. This includes being able to dress in accordance with their cultural practices. For example, although exposure of the forearm is a necessary part of hand and wrist hygiene during direct patient care activity, the uniform code should allow for covering of the forearm at other times. Dress / uniform should also provide protection against weather for the outside worker, allow freedom of movement during manual handling procedures, footwear should help reduce the risks of slips, trips and falls, and protect the privacy and dignity of staff whilst working

1.5 The policy sets out the roles and responsibilities of all staff, details the expectations of appearance and provides a framework for awareness raising and training. Finally the policy sets out a system for monitoring compliance with policy standards.

Further information on Dept. of Health Guidance on Uniforms and Workwear can be accessed at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_114754.pdf

2 INTRODUCTION:

2.1 This Dress Code and Uniform Policy sets out the expectation that the staff of The Trust will present a professional and smart appearance to both patients and the public when at work. All staff employed by The Trust are ambassadors for the Trust and recognise that their appearance acts as a visual measure of how the public views the Trust. This has an impact on public confidence and the reputation of the Trust. It also reflects the feedback of patients and the public by both formal and informal routes.

2.2 The purpose of the Dress Code and Uniform policy is to:

- Convey a professional and efficient image of the Trust and its employees
- Give patients and public confidence
- Support practice standards for prevention and control of infection
- Have regard to Health and Safety at work
- Comply with professional codes of practice for all staff

3 SCOPE:

3.1 The dress code policy applies to **all staff**. The uniform policy (section 5.2 – 5.3) additionally applies to staff who are required to wear uniform.

3.2 This policy applies to all employed staff, bank, locum and agency staff, students, and staff on honorary contracts.

3.3 Volunteers are also covered by this policy particularly where they are involved in duties which bring them into direct contact with patients. Volunteer appearance will be managed in line with the Volunteer Service requirements.

3.4 The following definitions are used within this policy

- **All staff** – Anyone employed or contracted to work in the Trust services as outlined in 3.2 and 3.3 above
- Staff involved in the delivery of **direct patient care activity** (In clinical areas for activities that involve patient contact such as clinical procedures, examinations or providing nursing care) – Those staff engaged in personal or physical contact with patients, including doctors, nurses, allied health professionals, midwives, healthcare assistants, mental health staff, paramedics etc (this is not an exhaustive list but examples). See appendix A for further details.
- **Designated Uniform** – The formal issue of uniforms by the Trust to be worn by the individual in the delivery of their duties. Uniform could be scrubs, tunic and trousers, dress, coats, blazers and will vary dependent on the job role.

4 KEY RESPONSIBILITIES:

- 4.1 **All Staff** – All staff are responsible for being aware of and complying with this policy at all times, failure by staff to comply with the policy may result in disciplinary action. Any designated uniform provided by the Trust remains the property of the Trust and as such should be returned on ceasing employment. It is the responsibility of staff members to return the uniform.
- 4.2 **Line Managers:**
Are responsible for:
- Ensuring staff are aware of the content and comply with this policy.
 - Ensuring that staff are supplied with appropriate uniforms to undertake their role and to ensure that staff wear their uniform in adherence with this policy.
 - Ensuring staff are issued with sufficient uniforms to comply with the recommended laundry practice of a clean uniform for every shift.
 - Ensuring uniform has been returned on the termination of contract of a staff member.
 - Invoking the Capability Policy or in exceptional cases the Disciplinary Policy for staff who persistently fail to comply with the policy.
- 4.3 **Directorate Management Teams** are responsible for ensuring compliance with this policy.
- 4.4 **The Infection Prevention and Control Team** are responsible for providing support and advice in developing and implementing this policy in line with best practice standards.
- 4.5 **The Chief Nurse / Director of Infection Prevention and Control** is responsible for the development and ensuring Trustwide implementation of this policy
- 4.6 **Laundry and Sewing Room Services:** the Laundry and Sewing Room Services are responsible for supply and replacement of uniforms in line with the Laundry Services contract, and for the laundering of uniforms for staff using the autovalet service
- 4.7 **Health and Safety and Security Department:** will advise on health, safety and security issues relating to dress code and uniforms
- 4.8 **Changes to Uniforms** Decisions to change types of uniform for clinical or staff working in either direct or indirect contact with patients and/or the public will be undertaken in consultation with the Chief Nurse, Infection Prevention & Control Team, and Assistant Director for Health, Safety and Security (e.g. Nurses, Midwives, Porters, Physiotherapists), and the relevant Service Manager.
- 4.9 Changes to Nursing and Midwifery Uniforms (and associated staff) will be approved by the Nursing and Midwifery Board. Where the change involves staff in other roles (e.g. Estates staff), the change will be undertaken in consultation with the Assistant Director for Health, Safety and Security.

5. DRESS CODE POLICY

5.1 This applies to all staff – see also appendices B and C.

5.1.1 **Professional appearance:** Staff are expected to appear clean, tidy and smart. *Staff should dress in a manner which inspires patient and public confidence as people may use appearance as a proxy measure of professional confidence (DH, 2010)*

5.1.2 **Identity Badge:** All employees must wear an official identity badge, at all times when on duty or acting in a capacity representing the Trust. *Patients like to know the names and roles of staff who are caring for them (DH, 2010).* The badge should be clearly visible to members of the public, patients and other members of staff. It is recognised that in some areas such as the Ambulance Service, Pathology or some Mental Health and Learning Disability settings displaying a name badge may be a hazard to the patient or staff member. In these settings local agreement will be reached about name badges or alternatives and these local agreements should be appended to this policy, available to staff in those areas, and be available to be produced on request. Lanyards should be standard issue available from the Print Room, and these should only be used by staff when not involved in direct patient care. For staff involved in direct patient care, clips are available from the Print Room to secure the identity badge to uniform/clothing

5.1.4 **Jewellery:** If worn jewellery should be suitable, discreet and should not be an infection control or health and safety hazard; items such as earrings that have potential for injury or entanglement must be covered or removed during working hours or when working in a clinical setting. Appendices B and C provide specific details for clinical and non clinical staff. *Necklaces, long or hooped earrings and rings present possible hazards for patients and staff. Conspicuous jewellery can be a distraction and at odds with presenting a professional image. Jewellery can harbour micro-organisms and make effective hand hygiene more difficult (DH, 2010)*

5.1.5 **Watches:** wristwatches must not be worn in clinical settings by staff involved in patient care. This may also apply to some non clinical settings such as maintenance – please refer to the Health and Safety and Security Department for further guidance

5.1.6 **Facial and visible body piercings and Tattoos:** Facial and visible body piercings will be kept to a minimum; in clinical care areas restrictions apply and wearing of piercings will be at the manager's discretion in line with health and safety requirements and should be risk assessed. Visible tattoos are discouraged. Cover any tattoos/branding that may be inappropriate or offensive to others. *The issue here is patient attitude and confidence in the care team. For many, particularly older patients, facial piercings and tattoos can be unsettling and distracting. However tattoos on the forearms and hands must be left uncovered for hand hygiene during direct patient care activity. (DH, 2010)* In circumstances where the tattoos may cause offence to a patient on the grounds of cultural, religious or political belief systems, or the tattoo is of sexual or political nature, staff should seek advice from their professional lead, or departmental manager. Depending on the location and nature of the tattoos consideration

should be given to staff wearing close fitting sleeves under the uniform, or coverage using tubigrip or similar items. These must be rolled up or removed to enable thorough hand hygiene when performing clinical duties.

- 5.1.7 **Make-up:** If worn, will be discreet. Fragranced products, including perfume, should be kept to a minimum as they are a known trigger of asthma in some patients and staff and to reduce discomfort for patients experiencing nausea.
- 5.1.8 **Fingernails:** These should be kept short and clean; varnished nails, nail art, false nails, acrylic nails and nail extensions are not permitted by staff involved in direct patient care activity. *Clean nails are hygienic and look professional, long nails are harder to keep clean and are a potential hazard. False nails harbour micro-organisms and make effective hand hygiene more difficult (DH, 2010)*
- 5.1.9 **Hair:** Will be clean, neat and tidy.. In clinical areas tie long hair back off the collar. *Patients prefer to be treated by staff who have short or tidy hair, and are smartly presented (DH, 2010)*
- 5.1.10 **Footwear:** Shoes should be clean, fit the wearer and have the heel and toe enclosed to afford protection. In clinical areas they must be clean, plain, low heeled no more than 1.5 inches high, non-porous, enclosed, low noise sole and in a good state of repair. Shoes must be in keeping with the overall appearance and should not be made of suede or Nubuck fabric. In non clinical areas in extreme weather or for medical reasons sandals may be allowed at the discretion of the line manager after an appropriate risk assessment has been undertaken. The soles of shoes must provide adequate grip for vinyl flooring or the work environment and on inpatient wards should be soft-soled to reduce noise but must be hard enough to avoid penetration by sharp objects e.g. needles/glass. Plastic or plastic like clog type footwear with spongy soles or holes to the top or sides are unacceptable (e.g. some styles of Crocs, Qwirki's). Open toed shoes do not provide adequate protection from dropped needles therefore exposing the staff member at risk of a needlestick injury, they also do not afford adequate protection from any bodily fluid that may be spilt. See also section 5.3 Additional Information for particular staff groups.

Personal electronic items

- 5.1.11 Do not use, whilst on duty (other than at break times), personal stereos
- 5.1.12 Mobile phones should not be used for personal calls whilst on duty, other than at break times or as agreed with the Service Manager.
- 5.1.13 **Professional Image:** Project a professional image in terms of appearance and behaviour, including not eating or chewing gum whilst dealing with patients. This is viewed as unacceptable by patients and therefore should be actively discouraged.
- 5.1.14 **Religious or Cultural Beliefs:** The Trust recognises the diversity of religions and cultures, disabilities and beliefs needs of employees and will take a sensitive approach when this affects dress and uniform requirements. Further advice on individual cases can be obtained from Human Resources.

5.1.15 Non clinical staff allowance on the grounds of religious or cultural beliefs

- The wearing of items arising from cultural or religious norms is in most circumstances welcomed by the Trust, providing that the health and safety and security of patients or staff is not compromised.
- Staff who wear facial coverings for religious reasons are required to remove these while on duty. This is to ensure that the member of staff is identifiable, and to enhance engagement and communication with patients, visitors and colleagues.

Headwear

- Turbans and kippots, veils (christian or nikab) and headscarves (Hijabs and Jilabs) are supported on religious grounds. The latter should be shoulder length and must be worn unadorned and secured neatly.
- Symbols, badges and jewellery such as a crucifix are permissible provided the dress code guidelines are followed.

5.1.16 Clinical staff allowance on the grounds of religious or cultural beliefs

- The wearing of items arising from cultural or religious norms is in most circumstances welcomed by the Trust, providing that the health and safety and security of patients or staff is not compromised.
- Staff who wear facial coverings for religious reasons are required to remove them whilst on duty. This is to ensure that the member of staff is identifiable, and to enhance engagement and communication with patients, visitors and colleagues.
- Female staff of Muslim faith are encouraged to wear Trust uniform, with $\frac{3}{4}$ length sleeves in order to comply with both religious norms, and Trust infection prevention requirements. Clothing must allow for adequate hand hygiene. Protective plastic oversleeves are available where appropriate.

Headwear;

- Turbans and kippots, veils (christian or nikab) and headscarves (Hilabs and Jilabs) are supported on religious grounds. The latter should be shoulder length and must be worn unadorned. Scarves should not drape freely when providing direct clinical care.
- Employees wearing any additional items of clothing must follow the infection prevention – laundry guidelines outlined in Appendix E. and ensure a clean garment is worn everyday.
- Jewellery based on a belief system such as, a crucifix is permissible provided it is covered up or removed when undertaking patient care.

Staff not expected to wear a uniform

5.1.17 For staff not expected to wear a uniform, dress should be clean smart and acceptable. The following are examples of acceptable wear: Smart trousers, skirts and shirts/tops, dresses, suits and/or jackets and blazers.

5.1.18 For staff not expected to wear a uniform. Clothes will cover shoulder to knee as a minimum with midriffs covered. The following are examples of unacceptable clothing, either on grounds of health and safety or for the Trusts public image: Jeans/jean like trousers and casual t-shirts, track suits, combat trousers, baseball caps/hats; overly tight or revealing clothes including but not exclusively mini-skirt / casual shorts / cropped tops; vest tops with shoestring

straps; skirts / trousers that are over long and touch the ground when walking; clothing with inappropriate slogans; open toed sandals. If staff are unsure about the appropriateness of certain types of clothing this should be discussed with the line manager who would have the final decision about what is appropriate (see appendix G for flowchart to support decision making).

Personal Protective Clothing and Equipment

5.1.19 Staff in roles that require personal protective clothing and equipment (PPE) will wear appropriate protective clothing while carrying out their duties in accordance with Health & Safety and Infection Prevention & Control PPE Policy. Each manager must ensure that PPE is available to the employee in accordance with COSHH regulations and local/statutory requirements. (If a non-uniformed member of staff has regular direct physical contact with patients the manager should consider designating the role a uniformed position).

Infection Prevention and Control

5.1.20 In clinical areas for activities that involve patient contact such as clinical procedures, examinations or providing nursing care, all staff should wear clothes that facilitate compliance with hand hygiene requirements: a '**bare below the elbow**' policy applies. This means no long sleeves (e.g. no jackets or long-sleeved coats) and that shirts are either short-sleeved or that shirt sleeves are rolled up to the elbow. *Cuffs at the wrist become heavily contaminated and are likely to come into contact with patients (DH, 2010)*

5.1.21 Staff working in clinical areas and in activities involving patient contact should follow the 'bare below the elbow' policy; this means no wrist watches or rings other than a plain wedding band.

5.1.22 In clinical areas for activities involving patient contact, ties other than bow ties (similarly long scarves that may dangle from the neck) should not be worn: staff in such settings should wear no tie; alternatively the tie must be tucked inside the shirt. Additionally, PPE such as aprons should be worn in high clinical risk areas and if carrying out procedures on patients to prevent contamination (see infection control policies). *Ties have been shown to be contaminated with pathogens, and can accidentally come into contact with patients. They are rarely laundered and play no part in patient care (DH, 2010)*

5.2 Uniform policy (see also appendices C and D)

5.2.1 Staff are encouraged to take pride in wearing their uniform and ensure they are smartly presented at all times. Staff should wear only uniforms provided by the Trust, which provide a visual clue to members of the public, patients and other staff as to their role. The uniform should be worn in a clean and presentable fashion. This policy applies to all types of uniform including the various types of scrub suits in use in the Trust.

5.2.2 A clean uniform will be worn for each clinical shift.

5.2.3 The Trust changing and laundering facilities will be used where possible. In the absence of access to these facilities, guidance for travelling to and from work and laundering uniforms must be followed. Section 5.2.6

Determining who should wear a uniform

5.2.4 If a staff member is undertaking a clinical role where they may come into contact with bodily fluids they should be given a uniform. This supports a professional image and also makes it easier for a replacement garment to be obtained whilst on duty in most settings. The final decision on whether staff in a clinical role should wear a uniform should sit with the line manager, and be based on a risk assessment process; however advice to inform that decision can be obtained from the Infection Prevention and Control team, Chief Nurse and Assistant Director for Health and Safety and Security.

5.2.5 Reception staff and ward clerks will wear a uniform at the discretion of the line managers in line with the agreed uniform for the relevant staff group see appendix D

Wearing Uniforms to and from work or in public settings

5.2.6 Staff must change into and out of uniform at work in areas where changing facilities are provided, i.e. autovalet, ward/department based changing rooms. In community bases and other isolated teams where changing facilities are not available staff may travel to and from work in their uniform but it **MUST** be covered by a long coat or suitable garment.

Whilst there is no evidence of an infection risk from travelling in uniform, many people perceive it to be unhygienic (DH, 2010)

5.2.7 Uniformed staff based in hospital or clinic settings will not wear Trust uniform off hospital premises (e.g. go shopping), as this is unacceptable and undermines public confidence. *Even though there is no evidence of infection risk, people perceive there is one (DH, 2010)* Uniforms may however be worn outside the Trust's premises for staff on official business.

5.2.8 Uniforms must not be worn outside unless undertaking official duties. Exceptions to this are staff working in the community, who must ensure their uniform is fully covered by the uniform coats provided. In hot summer conditions it is permissible for the coats to be removed. Community staff should change out of their uniform as soon as their last patient contact has been made, either at their base or as soon as they return home.

It is not acceptable for uniform to be worn on public transport or in public accessed facilities, e.g. shops.

5.2.9 Requests to wear uniform outside of the Trust premises for formal occasions, for example funerals or award ceremonies, must be made to the line manager.

Soiled Uniforms

5.2.10 If a uniform becomes visibly soiled or contaminated the staff member must change immediately and emergency uniform is held in the Trust Autovalet to accommodate this situation. (At times the supply of fresh uniforms may not meet the demands, in these instances 'theatre scrubs' may be worn). Staff working on settings away from St Mary's Hospital site or where scrubs would not be suitable

should ensure where possible they have access to clean uniform. *Visible soiling may present an infection risk and will be disconcerting for patients (DH, 2010)*

Information for patients/visitors about uniforms

5.2.11 Posters will be displayed in each ward and department used by patients to show what the different uniforms mean. *Patients and their families and visitors find it helpful to know who they are talking to. Uniforms also help them to quickly identify the person they wish to speak to. (DH, 2010)*

Extreme weather conditions

5.2.12 Authorisation to change into different types of uniform or not to wear items, in times of extreme weather conditions must be obtained from either the Chief Nurse, Assistant Director Health, Safety and Security or Chief Operating Officer, or Head of Ambulance Service (for Ambulance Service Only) In this instance approval will be granted on the basis of risk assessment and for a whole team, department or service to promote a consistent appearance. Tights may be removed in hot weather

Belts, Buckles and Badges

5.2.13 Traditional nurses belts / buckles must not be worn by any clinical staff due to the restrictions they can place on movement and potential injury to patients during manual handling

5.2.14 No more than 2 badges denoting professional qualifications or memberships should be worn. *Any more looks unprofessional and may present a safety hazard (DH, 2010)*

Laundering of uniforms

5.2.15 Commercial laundry services such as those used by the Trust are much more effective than a home washing machine as they use thermal disinfection to remove pathogens.

5.2.16 All staff who have access to the Autovalet must use these services for laundering of uniforms.

5.2.17 For staff who do not have access to the Autovalet laundering guidelines are issued in Appendix E and it is strongly recommended that these are followed.

5.2.18 Red drugs aprons and other tabards must be changed after every use and laundered via the Trust's laundry system, after every shift or if soiled.

Replacement of uniforms / Maternity uniforms

5.2.19 This should be negotiated on an individual basis between the staff member and the line manager. Consider replacement when uniform is beyond repair, does not fit appropriately, or the colour is faded. It is important that the professional image of the Trust is maintained by smart uniforms.

5.2.20 Maternity uniform will be provided.

Smoking

5.2.21 In accordance with the Trust's No Smoking Policy staff in uniform must not smoke, whether on or off site.

5.3 Additional information for particular staff groups

5.3.1 Nurses and Midwives

The Nursing and Midwifery Council Code of Conduct requires professional staff to justify public confidence and uphold the reputation of the profession at all times. This is particularly important as first impressions for people who are vulnerable and may feel frightened. The appearance of staff will help the patient feel at ease and provide a sympathetic environment.

Uniforms are provided by the Trust; this includes dresses, smart scrubs, tunic, trousers and where needed epaulettes. Staff are to supply their own footwear.

Midwives and Community Nurses should be in uniform as part of their duties; the parts of journey classified as to and from work are subject to the same rules as other staff.

5.3.2 Occupational Therapists & Physiotherapists

Due to the natures of therapy Occupational Therapists and Physiotherapists may wear training shoes that are smart and clean and plain. Other staff who undertake physical training such as manual handling and Control and Restraint may also need to wear training shoes as agreed by the Assistant Director of Health, Safety and Security. Other categories of clinical staff should not wear training shoes.

5.3.3 Pathology Staff

Whilst within laboratories, pathology staff may wear sensible, smart, casual clothing with an approved laboratory coat. When outside the laboratory pathology staff must comply with the requirements of this policy

5.3.4 Estates and Facilities staff

Estates staff may have specific clothing requirements based on safety and appropriate issued safety wear should be worn wear in accordance with statutory regulatory requirements.

Portering staff in the summer, on agreement from the Service Manager, may wear shorts, but these must be long shorts that cover the upper leg to just above the knee.

5.3.5 Clinical staff wearing scrub suits in Theatres, Day Surgery and Labour Ward

Staff wearing scrubs in these areas should be actively encouraged to remain in their designated areas and when leaving the department ensure their scrubs are appropriately covered or change into other clothing. In all other aspects staff must ensure they comply with section 5.2 of this policy

Theatre staff moving between clinical areas e.g. main theatres and maternity theatre may do so in their theatre attire, however they should not visit other departments on route unless in an emergency situation

Staff working in these areas should refer to the additional policy requirements set out in Appendix F

5.3.6 Clinical staff wearing scrub suits in any part of the hospital

Staff must be actively discouraged from wearing scrubs from any area outside of hospital building.

5.3.7 Ambulance Personnel

Ambulance staff have name badges sewn onto their uniforms so are required only to carry their identity badge.

Footwear for ambulance staff is supplied by the Trust, black in colour, with required toe protection and ankle support.

Ambulance staff need to wear high visibility clothing and fleeces due to the working conditions, it is accepted that the need for this personal protective equipment may compromise the bare below the elbows policy.

It is recognised that for ambulance staff working outdoors a wrist watch may be essential. In this instance the watch must be washable and removed for hand washing. Wrist watches can harbour micro-organisms and make effective hand hygiene more difficult (DH, 2010)

6. APPEALS AGAINST THE DRESS CODE AND UNIFORM POLICY

- 6.1 If a staff member has a reason for non-compliance with this policy, this should in the first instance be discussed with the line manager to attempt to resolve the issue
- 6.2 If the staff member and line manager are unable to resolve the issue an ethical appeal panel will be established with the following representatives:
- Assistant Director health and Safety and Security
 - Senior Chaplain
 - Infection Prevention and Control Nurse Specialist
 - Human Resources
 - A manager not from the area under consideration
 - Patient representative
 - Staff side representative

The panel will review the views of both staff member and line manager, where appropriate undertake further research before providing a recommendation

7. IMPLEMENTATION/TRAINING/AWARENESS

Implementation

- 7.1 Managers across The Trust will be required to share this policy with their teams to ensure they understand the requirements.
- 7.2 Posters relating to appendices B, C and D will be made available in all areas. Leaflets on laundering uniforms at home will also be available.
- 7.3 Posters will be available outlining the common uniforms worn by Nursing Staff at ward level

Training and Awareness

- 7.4 This Dress Code and Uniform Policy does not have a mandatory training requirement but the following non mandatory training is recommended:-
- Managers will be expected to provide advice and support to staff in implementing the policy.
 - Infection control training and induction will stress the importance of compliance with this policy.
 - Managers should ensure new staff are familiar with this policy as part of local induction

8. MONITORING AND KEY PERFORMANCE INDICATORS

- 8.1 Human Resources will monitor the number of occasions Capability and Disciplinary Policies are activated in relation to this policy for all staff and this will be reported via Clinical Directorate Boards as part of the general information provision on Disciplinary and Capability Management.
- 8.2 Feedback received by the Quality Team which relates to appearance will be reported via Clinical Directorate Boards.

9. REFERENCES

Bridges B (2002) *Fragrance: emerging health and environmental concerns*. Flavour and Fragrance Journal. Vol. 17 No. 5 p361-371

Department of Health (2010) Uniforms and Workwear – Guidance on uniform and workwear policies for NHS employers.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_114754.pdf

RCN (April 2005) Guidance on uniforms and clothing worn in the delivery of patient care. www.rcn.org.uk/mrsa

HSG (95) 18 NHS Executive-Hospital Laundry Arrangements for Used and Infected Linen.

10. LINKS TO OTHER POLICIES/DOCUMENTS

10.1 The main legislation relating to this policy is listed below

- The Health and Safety at Work Act 1974 sections 2 and 3. Section 2 covers risks to employees and section 3 to others affected by their work e.g. patients.
- The Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH) Further information about COSHH and its applicability to infection control can be found at <http://www.hse.gov.uk/biosafety/healthcare.htm>
- Management of Health and Safety at Work Regulations 1999 (Management Regulations), that extend the cover to patients and others affected by microbiological infections, and include control of infection measures.
- Securing Health Together, the Health and Safety Executive (HSE) long term strategy for occupational health that commits HSE/Health and Safety Commission and their fellow signatories including the Department of Health to a 20% reduction in ill health caused by work activity by 2010
- The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance. This requires that uniform and workwear policies ensure the clothing worn by staff when carrying out their duties is clean and fit for purpose and that such policies should specifically support good hand hygiene.
- Human Rights Act (1998) Article 10.

10.2 Links to other policies; read in conjunction with:

- Health and Safety
- Security Policy
- Infection Control policies and procedures
- Capability Policy
- Disciplinary and Dismissal Policy
- No Smoking Policy

11. DISCLAIMER

It is the responsibility of staff to check the Trust's intranet to ensure that the most recent version/issue of this document is being referenced.

Direct Patient Care Activity

The detail of how staff are dressed is most important during patient care activity involving direct contact with patients and their close environment. This includes activity in the following settings, whether this is on St Mary's Hospital site or at any other place where NHS services are delivered including the street and patients own homes:

On the ward / In a department

In the patient area

In any activity that involves patient contact.

Moving between areas within a ward or between wards or departments

In out-patient clinics

Any activity that involves patient contact, for example:

examining patients;

wound care; and

collecting samples for testing.

In treatment and minor surgical procedure rooms

At all times when patients are being treated.

In clinical areas with specific dress requirements

In operating theatres.

In intensive/critical care units.

A&E departments.

Hand hygiene during direct patient care activity requires washing/disinfection*

before patient contact;

before aseptic tasks;

after risk of body fluid exposure;

after patient contact; and

after contact with a patient's surroundings.

*Based on the *My 5 moments for Hand Hygiene*,
www.who.int/gpsc/5may/background/5moments/en/index.html © World Health Organization 2009. All rights reserved.'

Appearance Policy for All Staff Involved in Direct Patient Care activity

All staff involved in direct Patient Care activity must adhere to the requirements below

POLICY	RATIONALE
Sleeve Length – staff must adopt a ‘bare below the elbow’ approach when providing direct patient care or providing treatments.	To enable full compliance with hand hygiene policy Cuffs become heavily contaminated and are more likely to come into contact with patients
Wearing Uniform to and from work – staff should change out of their uniform before travelling to and from work. If this is not possible the uniform MUST be completely covered	Patient confidence in the Trust may be undermined
Wearing Uniform to go shopping or undertake similar activities in public is not permitted	Patient confidence in the Trust may be undermined
Badges – Identity Badges must be worn at all times in a clearly visible position. No more than 2 other badges of a professional nature may be worn	To conform to Trust Security policy To reduce the potential risk of injury to patients.
Contamination – change immediately if uniform or clothes become visibly soiled or contaminated	Visible soiling or contamination might be an infection risk and is likely to affect patient confidence
Hair – Tie long hair back off the collar	Patients generally prefer to be treated by staff with short or tidy hair and a neat appearance
Nails – keep finger nails short and clean, Nail polish, false nails, acrylic nails, and nail extensions are not allowed	Long and or dirty nails can present a poor appearance and long nails are harder to keep clean, posing a risk of transferring bacteria. False nails harbour micro-organisms and can reduce compliance with hand hygiene
<p>Jewellery – Only one plain metal band ring can be worn</p> <p>Wristwatches must not be worn while involved in direct Patient Care activity. Fob watches provide an acceptable alternative</p> <p>No other jewellery is permitted with the exception of Medic alert jewellery which can be worn but must be cleanable, plain and discreet and must not be around the wrist</p>	<p>Jewellery can be hazardous for the following reasons</p> <ul style="list-style-type: none"> ◆ Jewellery, even plain metal bands (wedding rings) have been shown to colonise micro-organisms ◆ Rings with stones are hazardous and may cause trauma to patients ◆ Stones in jewellery may become dislodged ◆ Jewellery that is hanging e.g. necklaces, could be dangerous to staff and patients in potentially violent situations ◆ Hand and wrist jewellery/watches can reduce compliance with hand hygiene
<p>Piercings Earrings – one pair of small plain metal studs only may be worn</p> <p>All new visible body piercings must be covered with a blue plaster until the initial wound has healed and is not discharging in any way. Once the wound has healed, all associated piercing jewellery should be removed. Managers should be undertaking a risk assessment with staff to determine the appropriateness of wearing piercing jewellery at work.</p> <p>Piercings for cultural / ethnic reasons may be accepted in exceptional circumstances but only with the agreement of the line manager and after an appropriate risk assessment has been completed</p>	<p>New wounds from piercings shed high levels of bacteria and are more at risk of handling by the wearer and therefore increasing the risk of cross contamination</p> <p>Professional appearance is important and piercings may undermine patient confidence in the Trust</p> <p>Food hygiene regulations</p> <p>Recognising cultural and ethnic needs of staff but ensuring these are balanced against the infection risk to patients</p>
Footwear – Must be clean, plain, low heeled no more	Shoes in a poor state of repair are a safety risk

<p>than 1.5 inches high, non-porous, enclosed, soft- soled, resistant to piercing by sharps, and in a good state of repair. Shoes must be in keeping with the overall appearance and should not be made of suede or Nubuck fabric</p> <p>Plastic or plastic like footwear with holes to top and/or sides and/or opened toed sandals must not be worn. When wearing scrubs in theatres or Endoscopy white shoes / clogs can be worn</p> <p>In some areas protective footwear must be worn (local guidance must be in place)</p>	<p>Soft sole shoes reduce noise, which can disturb patients rest</p> <p>Health and safety at work, danger of sharps injury for open toed shoes and clogs</p>
<p>Belts / Epaulettes</p> <p>With or without buckles, if worn must be clean. Nursing staff will not wear belts.</p>	<p>Health and safety at work</p>
<p>Tights/Stockings/Socks</p> <p>Should be plain and of a colour in keeping with the overall uniform or clothing</p>	<p>To promote a professional appearance</p>
<p>Designated uniform – must be changed daily and laundered in line with Trust recommendations</p>	<p>Reduce the risk of cross infection</p>
<p>Clothes – If own clothes are worn these should be smart, in good repair and changed daily</p> <p>An overall professional appearance should be maintained</p> <p>No slogans which could be considered offensive should be worn</p> <p>Short sleeves best practice and bare below the elbows policy adopted in clinical care settings where activities involve patient contact</p> <p>Similarly neck-ties (other than bow-ties) should be avoided; alternatively must be tucked into shirt.</p> <p>In some areas defined safety clothing should be worn to comply with legislation (detailed in local guidance)</p>	<p>Professional appearance</p> <p>Enables effective hand hygiene to be undertaken</p> <p>Health and safety guidance</p> <p>Ties may become contaminated.</p>
<p>Additional Garments e.g. fleece/cardigans must not be worn during the working shift or when delivering direct patient care. They must be of a plain dark colour and of a smart appearance. Additional garments can be worn at break times.</p>	<p>Additional Garments: Professional appearance. Managers may agree exceptions in working environments where extremes of cold are experienced during winter months</p>
<p>Pens and Scissors – staff should avoid carrying pens and scissors in outside breast pockets</p>	<p>May cause injury when moving patients. It is recommended that such items should be carried in hip pockets or inside breast pockets</p>
<p>Protective clothing and equipment (PPE) – Staff are required to be familiar with infection control policy (Section 6) requirements for standard (universal) precautions and wearing of PPE (aprons, gloves etc.) in clinical care settings.</p>	<p>To prevent contamination and reduce risk for transmission of micro-organisms</p>

Appearance Policy for all staff not involved in direct Patient Care activity

Principles for staff not involved in direct Patient Care activity

POLICY	RATIONALE
Hair – Must be clean and neat Fastenings should be discreet	Corporate appearance
Fingernails – Nail varnish, acrylic nails and false nails must be discreet and enable the wearer to carry out their job effectively	Corporate appearance Excessively long nails can interfere with keyboard and other duties
Jewellery – Jewellery should be discreet and in keeping with overall appearance, Excessively long or hanging jewellery should be avoided	Corporate appearance Health and Safety
Clothes – All clothes should be smart and in good repair An overall professional appearance should be maintained, and clothing will cover shoulders to knees as a minimum No slogans which could be considered offensive should be worn In some areas defined safety clothing should be worn to comply with legislation (detailed in local guidance)	Corporate appearance
Piercings – should be discreet and in keeping with overall appearance	Corporate appearance
Identity Badge – Trust ID badges must be worn at all times and in a clearly visible position	To conform with Trust Security Policy
Footwear – Must be clean and in a good state of repair. Excessively noisy shoes should not be worn. Heel and toe enclosed In some areas safety boots/footwear must be worn to comply with legislation	Shoes in a poor state of repair are a safety risk. Any staff working within patient areas must take noise issues into account regarding their footwear

Designated Uniforms for all staff groups

- This list details the uniforms which are purchased and issued by the Trust. This list is not exhaustive and the Chief Nurse should be contacted for an up to date version.
- Managers should ensure that any uniforms are purchased in partnership with the Linen Service to ensure cost effectiveness and required standards of quality are achieved.
- When Nursing and other non-medical professionals are seeking to change the colours / type of uniform this should in the first instance be discussed with the Chief Nurse to determine the appropriate approval process.

Group	Dress/Tunic/Top	Trousers/Skirts
Inpatient Ward Staff – acute sector		
Healthcare assistant (Female)	Bottle Green smart scrubs	Bottle green smart scrubs
Senior healthcare assistant	Bottle Green smart scrubs	Bottle green smart scrubs
Qualified Nurse	Metro Blue smart scrubs	Metro Blue smart scrubs
Deputy Sister	Navy Blue smart scrubs	Navy Blue smart scrubs
Sister / Charge Nurse	Navy Blue smart scrubs	Navy Blue smart scrubs
Midwife	Royal Blue smart scrubs	Royal Blue smart scrubs
Advanced Nurse Practitioner (Paeds)	Child friendly scrubs	Navy Blue scrubs
Advanced Neonatal Nurse Practitioner	Navy Blue smart scrubs	Navy Blue smart scrubs
Nursery Nurses	Turquoise scrubs	Turquoise scrubs
Departmental Staff		
Modern Matron	Navy Blue with blue piping	Navy Blue
Specialist Nurse	Navy Blue with white spots	Navy Blue
Infection Control Nurses	Purple with white piping	Navy Blue
Bed Manager / Night Co-ordinator	Burgundy with white piping	Navy Blue
Heads of Clinical Services / Chief Nurse	Navy Blue with Red piping	Navy Blue
Housekeeper	White + green/white striped tabard	Black
Community Matron	Navy with Navy piping	Navy Blue
District Nurse / Sister / Charge Nurse / Transfer of Care Co-ordinator / Intermediate Care Co-ordinator / Deputy Sister	Navy with white piping	Navy Blue
Community Nurse / Staff Nurse	Metro Blue with white piping	Navy Blue
Community Healthcare Assistant / Rehabilitation Assistants / Team Assistants	Serpentine Green with white piping	Navy Blue
Radiology - Qualified	White with Burgundy piping	Burgundy
- Assistants	Dark Grey with Burgundy piping	Burgundy
- MRI	Burgundy scrubs	Burgundy scrubs
Physiotherapy – Qualified	White with Navy Blue piping	Navy Blue
- Assistants	Pale Grey with Navy Blue piping	Navy Blue
Occupational Therapy – Qualified	White with Green piping	Green
- Assistants	Dark Grey with Green piping	Green
Pharmacy- pharmacists, technicians	White (green cross/pharmacy)	Black

and assistants	logo)	
Pharmacy – porters	Black (green cross/pharmacy logo)	Black
Ambulance	Green or White depending on position in service	Green
Transport staff	White with Hi Viz yellow jackets	Navy Blue
Emergency Department	Emergency dept scrubs	Emergency dept scrubs
Main Theatres	Scrubs Green / Blue	Scrubs Green / Blue
Day Surgery Unit	Scrubs Green / Blue	Scrubs Green / Blue
Endoscopy	Scrubs crushed raspberry	Scrubs crushed raspberry
Laboratory	Laboratory coat	
Phlebotomy	White with Navy piping	Navy Blue
HSDU	Pale Blue smart scrubs	
Dental Nurse	White with yellow piping	
Podiatry	White	Navy Blue
Prosthetics and Orthotics	White	White
Catering	Locally agreed within Service	
Chef	Azure or Red	Blue/White or Black
Porters	Pale Blue	Navy Blue
Estates (including waste management)	Navy Blue	Navy Blue
Student Nurse 1. Southampton 2. Open University	Blue stripes Lilac	Navy Blue Navy Blue
Midwifery Student	Lilac or Blue Stripes	Navy Blue
Bank Staff (Female) 1. Qualified Nurse 2. Healthcare assistant	Blue striped Blue striped	Navy Blue Navy Blue
Bank Staff (Male) 1. Healthcare assistant 2. Qualified Nurse	White White	Navy Blue Navy Blue
Ward Clerks	Blue patterned blouse	Navy Blue
Activity Co-ordinator	Pink scrub top	Navy Blue
Dental Nurse / Hygienist / Therapist	White with Yellow piping	White
Dentist	Scrubs (colour not specific)	
Patient Experience Officers	Black with grey pin strip and white piping	Black
Health and Safety and Security	Black scrubs	Black scrubs
Speech and Language Therapy	White with turquoise and blue piping	Navy Blue
Intermediate Care Co-ordinator	Navy Blue with white and navy blue striped piping	Navy Blue

Male versions of uniforms - if specific colours not available uniform will normally be white tunics with appropriately coloured epaulettes.

Community Staff will be issued with a cardigan and uniform coat, other extras will be at the discretion of the Budget Holder for the department and funded from within the departmental budget.

Guidelines for Laundering Uniforms at Home

Ideally you should use the Trust's Laundry service for laundering of uniforms, however it is recognised that this is not possible for all staff. These guidelines will help you minimise the risks of contamination in laundering your uniforms at home.

All uniforms must be washed separately from other items. *Separate washing will eliminate any possible cross contamination from high levels of soiling, and enable the uniform to be washed at the highest recommended temperature (DH, 2010)*

It is recommended that all uniforms should be washed at the highest temperature that the fabric will tolerate. A maximum washing machine temperature of as near to 60 must be used, on a reduced spin as per manufacturer's guidelines. Ideally wash for 10 minutes at 60C, this removes most micro-organisms. *A wash for 10 minutes at 60 degrees centigrade removes almost all micro-organisms (DH, 2010)*

All uniforms must be washed on a full wash not half wash setting.

Smaller loads will ensure that all areas are thoroughly submerged, decontaminated, and thoroughly rinsed. *Overloading the machine will reduce wash efficiency (DH, 2010).*

All uniforms should be washed in laundry detergent in the quantities advised by the manufacturer. Do not bleach.

It is recommended that uniforms should be tumbled dried; when this is not possible they must be ironed.

Once laundered, uniforms must be stored in a clean environment, ideally covered with a plastic bag, to prevent contamination with dust or other pollutants.

Clean your washing machine and tumble drier regularly and maintain according to the manufacturers instructions. *Regular cleaning and maintenance will protect the machine's washing efficiency. Dirty or underperforming machines may lead to contamination of clothing, although there is no published evidence that this presents an infection risk (DH, 2010)*

THEATRE ATTIRE POLICY

The Theatre Attire Policy is an appendix to the Dress Code and Uniform Policy and should be read in conjunction with this document

Scope

The operating Theatre Attire Policy applies to all staff who work within Theatre Departments of the Trust this includes Main Theatres, Day Theatres and Labour Ward/Maternity Theatres.

The requirements should be followed in conjunction with the Dress Code and Uniform Policy and other Infection Prevention and Control policies. All relevant staff should be aware of the Theatre Attire Policy and ensure they adhere to it at all times.

RESPONSIBILITIES

All staff should be aware of the theatre attire policy and ensure they adhere to it at all times.

- The Theatre Manager is responsible for overseeing policy implementation in the specialist area; for ensuring facilities are appropriate and meet policy requirements; for ensuring departmental staff receive appropriate training; for policy compliance monitoring.

THEATRE ATTIRE POLICY REQUIREMENTS

Theatre attire (scrub suits)

- Staff working in Theatre Departments anywhere in the Trust must wear the scrub suits provided.
- Theatre attire (scrub suits) will be provided freshly laundered and in good condition.
- Theatre attire (scrub suits) must be worn in all operating room areas.
- Scrub suits must be clean at the beginning of every shift and changed as soon as possible if they become wet or contaminated
- Unless attending to a clinical emergency, it is not acceptable for staff to wear scrub suits outside the theatre environment. Theatre staff needing to attend to patients' pre and post operatively on the wards can wear scrub suits to do this, but this must be limited to circumstances where patient care is the priority.
- When leaving the theatre areas, staff should change into their own clothes.
- Jewellery, including piercings, should not be worn whilst working in the operating theatre

Footwear

Well fitting footwear with impervious soles should be worn and regularly cleaned to remove splashes of blood and body fluid. All footwear should be cleaned after every use, and

procedures should be in place to ensure that this is undertaken at the end of every session¹.

- Staff should wear well fitting dedicated theatre footwear.
- Shoes must provide adequate protection from spillages and dropped equipment and must have enclosed toes and heels.
- Suitable footwear will be provided by the Trust; if theatre staff purchase their own footwear a risk assessment should be made by the responsible Theatre Manager: only shoes complying with procurement criteria may be used in theatre areas (some types of Clogs sold as Personal Protective Equipment may not provide protection against penetration by sharp objects through the sole)².
- Theatre shoes must be cleaned whenever visibly dirty or contaminated with blood or body fluids. In addition theatre shoes must be cleaned daily, at the end of the session.
- Staff are responsible for cleaning their own footwear.
- Each Theatre Manager must ensure that suitable facilities and procedures are in place for theatre shoe cleaning/decontamination.
- Theatre shoes must not be worn outside theatre areas (except in clinical emergency).
- Use of overshoes is not permitted.

Hats

Hair must be kept clean and tidy and must be fully covered when working in operating theatres. Disposable hats should be used.

- There is no need for non-scrubbed staff members of the operating team to wear disposable headgear; however common sense dictates that hair should be kept clean and out of the way.
- Hats (or hoods) must be worn in laminar flow theatre during prosthetic implant operations.
- Headwear must be changed at the end of every list or if contaminated.
- Wearing of disposable hats outside theatre areas is not permitted.
- Use of headscarves is not permitted in theatre areas.

Masks/goggles

Surgical masks are classed as Personal Protective equipment (PPE) and must be available for use and worn whenever there is risk of splashes or aerosol.

- Masks should be worn by scrub staff during a surgical procedure as protection against body fluid, blood and inhalation of smoke or laser plume.
- Masks must be worn by all staff during prosthetic implant orthopaedic procedures.
- When used, masks should cover the nose and mouth, fitting the contours of the face, and be tied securely.
- Masks must be discarded after each case or if the staff member leaves the clinical area; they are single use items.
- Masks must not be worn around the neck nor put into pockets for future use.
- Goggles, glasses and visors must be available at all times (see Infection Control: 'Standard precautions – use of PPE' policy).

VISITORS

Including contractors and other health professional groups

Theatre staff (duty manager in charge) should provide guidance to all visitors (to the operating theatres), on what to wear and any necessary precautions.

Visitors who enter the theatre complex need not change whilst those entering the Operating Theatre itself, should be properly attired.

- Visitors to theatre, including the anaesthetic room and recovery, do not need to change unless they are entering the operating theatre.
- Any visitor entering an operating theatre (e.g. during a procedure) must change into surgical scrubs and suitable footwear.

CHANGING PROCEDURE

Storage and changing facilities must be available within Theatre department for staff working in this area.

Staff should change in the following manner:

- Remove outer clothes and jewellery
- Wash hands and place cap/hood over hair.
- Select a freshly laundered scrub suit and clean footwear.
- Once in theatre attire, wash hands or apply alcohol rub correctly.

Scrub suits should be stored within the changing facilities and must not be stored in lockers. Scrub suits must not be taken home for laundering or stored in lockers for future use. These items must be sent for laundering after daily use or if contaminated during a shift.

Shower facilities are available within the changing area and should be used after contamination.

References

1. "Behaviours and rituals in the Operating Theatre" a report from the Hospital Infection Society (HIS) Working Group on Infection Control in the Operating Theatres 2002 updated June 2005 <http://www.his.org.uk/db/documents/Rituals-02.pdf>
2. SAB Estates and Facilities Alert. Action Ref: EFA/2010/012 Issued: 13 December 2010 Gateway Reference: 15248 <http://www.dhsspsni.gov.uk/efa-2010-012.pdf>

DRESS CODE & UNIFORM POLICY PROCEDURE

The flow chart below outlines the procedure that may be used by managers where an aspect of dress is deemed to be inappropriate to the task, location of the task or in the portrayal of a professional image.

