



## DRESS CODE AND UNIFORM POLICY

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## DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

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NB: This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

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## 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 and reflects the NMC code of conduct relating to appearance.
- 1.2 The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (DH 2010) requires that uniform and work wear policies ensure that clothing worn by staff when carrying out their duties is clean and fit for purpose and supports the ability to practice good hand hygiene.
- 1.3 The policy sets out the expectation that the staff of the Isle of Wight NHS 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.
- 1.4 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.
- 1.5 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.
  - 1.5.1 **Patient Safety.** Effective hygiene and preventing infection are absolutes in all healthcare settings. Although there is no conclusive evidence that uniforms and work wear play a direct role in spreading infection, the clothes that staff wear should facilitate good practice and minimise any risk to patients. Uniforms and work wear 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, studded rings, hooped earrings (only studs may be worn), flesh rings and necklaces. Local policies allow a plain ring, such as a wedding ring to be worn. All other forms of jewellery must not be worn.
  - 1.5.2 **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. Patients routinely assimilate awareness based on the uniform a member of staff wears. This helps them to orientate themselves to the area they are being cared for in. 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 not to travel to and from work in a uniform. It is unacceptable i.e. for clinical based staff within the acute Trust to leave the Hospital setting in a uniform that would link them to the Trust unless they are requested for example to wear a uniform for a formal public event. Community staff are

expected to cover their uniform when travelling as this respects the patients need for privacy when being visited by someone in a uniform. Patients and visitors also like to know who is who in the care team, uniforms and name badges help with this identification.

- **For Hospital staff** Uniform must not be worn whilst travelling to and from work/home. Changing and laundering facilities within the hospital setting must be accessed to avoid the risk of infection spread and being identified in outside venues. If staff member has sensitivity to laundry products used on site this must be discussed with their Manager.
- **Community Workers** must be clearly identified by their Trust photo badge, clearly describing their place of work i.e. community worker and be visible to the patient.

1.5.3 **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, protect the privacy and dignity of staff and footwear should help reduce the risks of slips, trips and falls, and. Whilst working staff need to be bare below the elbow whilst in a clinical setting. Any religious bangles must be secured as far up the arm as possible with tape.

**NB:** Full body covering is not acceptable for IOW NHS Trust workers and faces must be identifiable at all times to the patients and in public in their healthcare role, despite religious beliefs

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 this policy sets out a system for monitoring compliance with policy standards.

## 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
- The Uniform offers protection to the staff member wearing it and this is its primary function.

### 3. Definitions

All abbreviations have been listed in full within this document before any subsequent abbreviation is used.

### 4. Scope

- 4.1 The dress code element of this policy applies to **all staff**. The uniform element additionally applies to staff who are required to wear uniform.
- 4.2 This policy applies to all employed staff, bank, locum and agency staff, students, and staff on honorary contracts.
- 4.3 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. However, it is recognised that all volunteers will be visible by the use of the current uniform - an orange polo shirt.
- 4.4 The following definitions are used within this policy
- 4.4.1 **All staff** – Anyone employed or contracted to work in the Trust .This includes those staff who are hosted by the Trust and those employed through an agency.
- 4.4.2 Staff involved in the delivery of **direct patient activity** (in clinical areas for activities that involve patient contact such as clinical procedures, examinations/consultations or providing direct clinical care) – those staff engaged in personal or physical contact with patients, including doctors, nurses, allied health professionals, dieticians, speech and language therapists, pharmacists, midwives, healthcare assistants, mental health staff, paramedics etc (this is not an exhaustive list but examples). See appendix C for full staff list
- 4.4.3 **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 tunic and trousers, dress, scrubs, coats, blazers and will vary dependent on the job role. This is clearly identified in Appendix C.

## 5. Purpose

**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.

## 6. Roles and Responsibilities

### 6.1 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 adhere to the Staff Identification Policy Staff must ensure their Staff PHOTO ID badge is visible. It is the responsibility of the line manager or shift coordinator to ensure staff are compliant
- 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 and the **Information and Security Checklist for staff leaving the IOW Trust has been completed and sent.**
- Invoking the Conduct & Disciplinary Policy for staff who fail to comply with the policy.

6.2 **The Head of Nursing and Quality for Each Care Group** is responsible for ensuring compliance with this policy and for ensuring audit to demonstrate compliance has been carried out at least annually.

6.3 **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.

6.4 **The Director of Nursing, Midwifery, AHPs and Community and the Director of Infection Prevention and Control** is responsible for the development and ensuring Trust-wide implementation of this policy.

6.5 **Laundry and Sewing Room Services:** the Laundry and Sewing Room Services are responsible for the supply and replacement of uniforms in line with the Laundry Services contract, and for the laundering of uniforms for staff using the Auto valet service.

6.6 **Health, Safety and Security Department:** will advise on health, safety and security issues relating to dress code and uniforms.

6.7 **Changes to Uniforms:** Decisions to change type, styles or colours 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 Director of Nursing, Midwifery, AHPs and Community (DON), Head of Infection Prevention & Control and (e.g.

Nurses, Midwives, Porters, Physiotherapists), Director for Health, Safety and Security and the relevant Service Manager.

- 6.8 Changes to Nursing and Midwifery Uniforms (and associated staff) will be approved by the DON in consultation with the Senior Nursing Team through the Heads of Nursing weekly Team Meeting. Where uniform change involve staff in other roles (e.g. Estates staff), the change will be undertaken in consultation with the Director of Quality

## 7. Policy detail/course of action

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

- 7.2 **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)*

- 7.3 **Identity Badge:** All employees must wear an official photo identity badge, at all times when on Trust premises 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 NOT be used by Clinical Staff or tucked into the pocket of the uniform as the patient may be unaware of the authenticity of the person caring for them. For staff in non-clinical settings these are available from the department who allocates the ID Badge 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 Human Resources to secure the identity badge to uniform/clothing. Clinical leaders may wish to keep a spare supply of these within the clinical setting. Again; these are available from the ID badge dispensing team. **Yellow Badge** the Trust currently has yellow 'My Name Is' badges all staff who have contact with patients are required to wear them whilst engaged in their day today work if safe to do so.

- 7.4 **Jewellery:** Staff must not wear jewellery when in a clinical or direct clinical care environment, except for one plain ring, such as a wedding ring and a pair of small plain stud (but not hooped) earrings. Jewellery based on a belief system such as, a crucifix is permissible provided it is removed when in uniform/undertaking patient care. 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).*



**Watches:** wrist watches and activity trackers (such as Fit Bits) must not be worn in clinical settings and cannot be worn by staff in uniform even when outside of the clinical setting. 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. It is recognised that for ambulance staff working outdoors a wrist watch may be essential. In this instance the watch must be washable with a washable strap made of non-porous material (e.g. NOT leather or fabric).

- 7.5 **Facial and visible body piercings and Tattoos:** Facial and visible body piercings are not acceptable. These pose a health and safety risk to staff where patients may strike out causing damage to the member of staff. Irrespective of role, Patients in a hospital can present unpredictable behaviour. The Trust is committed to the safety and protection of its staff. It is, therefore, envisaged that no facial piercings will be worn in the trust irrespective of roles. All piercings should be removed to the face and visible parts of the body including tongues. 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.

- 7.6 **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.
- 7.7 **Fingernails:** These must 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)*

- 7.8 **Hair:** Will be clean, neat and tidy. In clinical areas hair must be maintained or worn off the collar. Extremes of hair colour – those that are not a natural shade i.e. pink and purple should be avoided.

*Patients prefer to be treated by staff who have short or tidy hair, and are smartly presented (DH, 2010). Extremes of hair colour i.e. artificially dyed should be avoided.*

- 7.9 **Footwear:** All staff in Uniform will be expected to wear black shoes that are non-porous, have non-slip soles and are impervious to splashes of fluid. Black training shoes are only considered a suitable alternative within designated teams i.e. the manual handling team when agreed by the Assistant Director Health & Safety and Security. 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 following an assessment by the Occupational Health department. 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 and should not be worn. Open toed shoes do not provide adequate protection from dropped needles or sharp objects therefore exposing the staff member at risk for example to a needle-stick injury; they also do not afford adequate protection from any bodily fluid that may be spilt. Appendix B page 21/ 22 Additional Information for particular staff groups on a selection of suitable and non-suitable foot wear
- 7.10 **Personal electronic items:**  
This element is covered within the Electronic Communications Policy (2017)
- 7.11 **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.
- 7.12 **Non-clinical (non-uniformed) 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 Infection Prevention and Control, health and safety and security of patients or staff are not compromised.
  - Jewellery based on a belief system such as, a crucifix is permissible provided it is removed when in uniform/undertaking patient care.
- 7.13 **Clinical staff (including those who wear a uniform) 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 are 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 required 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 over-sleeves are available where appropriate.

#### 7.14 **Headwear**

- Turbans, kippots (skull cap) and headscarves are supported on religious grounds. The latter should not cover the face, be no longer than 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 D. and ensure a clean garment is worn every day.

#### 7.15 **For staff not expected to wear a uniform**

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.

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 F for flowchart to support decision making).

#### 7.16 **Personal Protective Clothing and Equipment**

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). When entering an area that requires PPE, it is expected that essential staff enter. Where this is a patient in barrier conditions, it would be reasonable for the only the most senior doctor to enter the room, thus reducing the risk of cross contamination.

#### 7.17 **Infection Prevention and Control**

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)*

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 ring, such as a wedding ring.

In clinical areas for activities involving patient contact, ties other than bow ties (similarly long scarves or lanyards 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 if carrying out procedures on patients that may contaminate the uniform/dress to prevent contamination (see infection control policies).

*Ties (and by extension lanyards) 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)*

## **8 Uniforms**

8.1 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.

8.2 A clean uniform will be worn for each clinical shift. It is not acceptable to keep uniforms in the clinical area following a shift. They should be returned to the Auto valet or the staff member's home to be laundered if agreed with their Manager.

8.3 The Trust changing and laundering facilities will be used where possible. In the absence of access to these facilities, staff must follow laundering guidelines see Appendix D

### **8.4. Determining who should wear a uniform**

If a staff member is undertaking a clinical role where they may come into direct contact with a patient, they should wear 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. More importantly it helps patients to understand at a glance and quickly, who is caring for them. 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, Executive Nursing Team and/or Director of Quality.

All staff in a clinical environment should wear a uniform. This will help patients understand the individual roles of staff in a given geographical location.

### **8.5 Wearing Uniforms to and from work or in public settings**

Staff must not travel to and from work in their uniform. In community bases and other isolated teams working off the St Mary's site, 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)*

Uniformed staff based in hospital or clinic settings will not wear Trust uniform off hospital premises (e.g. go shopping, collecting children from school), 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.

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, petrol stations.

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.

#### 8.6. **Soiled Uniforms**

If a uniform becomes visibly soiled or contaminated the staff member must change immediately and emergency uniform is held in the Trust Auto valet 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 a clean uniform.

*Visible soiling may present an infection risk and will be disconcerting for patients (DH, 2010)*

#### 8.7 **Information for patients/visitors about uniforms**

Posters and Staff Photo Boards 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)*

#### 8.8 **Extreme weather conditions**

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 Director of

Nursing Team, Director of Quality or 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

#### 8.9 **Belts, Buckles and Badges**

Traditional nurse's 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. They also potentially pose an infection prevention and control issue as they are not laundered daily. Requests to wear nursing belts and buckles for formal occasions, for example funerals or award ceremonies must be made to the line manager.

No more than 2 badges denoting professional qualifications or memberships should be worn alongside the photo identification badge.

*Any more looks unprofessional and may present a safety hazard (DH, 2010)*

#### 8.10 **Laundering of uniforms**

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.

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

For staff who do not have access to the Auto valet laundering guidelines are issued in Appendix D and it is expected that these are followed.

#### 8.11 **Replacement of uniforms / Maternity uniforms**

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.

Maternity uniform will be provided as a choice to existing uniform.

#### 9.0 **Smoking**

In accordance with the Trust's Nicotine Management Policy, staff in uniform must not smoke or vape, whether on or off site. Staff must change and take themselves off site on designated agreed breaks within the agreed rota policy. Staff must not sit in their vehicles on site to smoke. Uniforms that smell of smoke are often offensive to patients and present an image far from that we are promoting.

#### 10.0 **Additional information for particular staff groups**

##### 10.1. **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 tunic, trousers and where needed epaulettes. Staff are generally to supply their own footwear (unless specifically stated otherwise within this policy) and should be as described in Uniform Appendix B

NB: Tax relief can be claimed for providing your own footwear and tights and individual staff member can make an application the necessary form can be obtained from [www.hmrc.gov.uk](http://www.hmrc.gov.uk);

**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 requirements as other staff.

#### 10.2 **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 Director of Quality. Other categories of clinical staff should not wear training shoes.

#### 10.3. **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

#### 10.4. **Estates and Facilities staff**

Estates staff may have specific clothing requirements based on safety and appropriate issued safety wear should be worn in accordance with statutory regulatory requirements. Trust Photo ID must be worn at all times.

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. Trust Photo ID must be worn at all times.

#### 10.5 **Clinical staff wearing scrub suits in Theatres, Day Surgery & Labour Ward**

Staff wearing scrubs in these areas should remain in their designated areas and when leaving the department ensure their scrubs are appropriately covered or change into other clothing. It is acknowledged in exceptional emergency situations it may be necessary for staff to leave these "clean environments". When the emergency is over, the individual must change their uniform. It is not acceptable for staff in Theatre type scrubs to enter the catering areas of the Trust. They should change into more appropriate clothing.

Theatre staff moving between clinical areas e.g. main theatres and maternity theatre may do so in their theatre attire, however, they must not wear hats/masks outside the department and 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 E

## 11 Ambulance Personnel

Ambulance staff have name badges sewn onto their uniforms so are required only to carry their photo identity badge. Footwear for ambulance staff is supplied by the Trust, black in colour, with required toe protection and ankle support.

When 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 with a washable strap made of non-porous material (e.g. NOT leather or fabric).

## 12 Consultation

The following staff groups have been consulted within the update of this policy

- Executive Director of Nursing and the Director of Infection Prevention & Control
- Deputy Director of Nursing
- Deputy Director of Allied Health Professionals
- Assistant Director of Health, Safety & Security
- Executive Medical Director
- Head of Infection Prevention and Control
- Heads of Nursing & Quality
- Modern Matrons
- Ambulance
- Mental Health
- Theatres
- HMSC

## 13 Training

This Dress Code and Uniform Policy does not have a mandatory training requirement:

- 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 including bank, agency and students are familiarised with this policy as part of local induction

## 14 Monitoring Compliance and Effectiveness

- 14.1 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. It may be necessary to seek the professional opinion of the Executive Director of Nursing or Executive Medical Director with a potential view from Occupational health on a case by case basis.

- 14.2 Monitoring and addressing non-compliance with this policy is the responsibility of all line managers.
- 14.3 A repeated failing in compliance with the dress code and uniform policy may lead to dismissal where there has been sufficient notice to adhere to.

## 15 Links to other Organisational Documents

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.

Links to other policies; read in conjunction with:

- Health and Safety
- Security Policy
- Infection Control policies and procedures
- Capability Policy and Procedure
- Disciplinary and Dismissal Policy and procedure
- Nicotine Management Policy
- Linen and Laundry Policy

## 16. 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.

Health and Social Care Act 2008 Code of Practice

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

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

The Equality Act 2010

## 17. Appendices

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### **Direct Patient Care Activity**

The detail of how staff are dressed when providing direct patient care in their close environment is extremely important. 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**

This is anywhere within the confines of a ward or clinical environment. Clinical areas are any spaces staff are expected to go about their day to day routine. This includes areas patients may not necessarily access such as –

- The nurses' station
- 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
- 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
- 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](http://www.who.int/gpsc/5may/background/5moments/en/index.html) © World Health Organization 2009.

**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:*

*For example: Doctors, nurses, physiotherapists, cleanliness assistants – if in doubt whether a post is deemed involved in direct patient care activity or whether the following applies to staff working in a clinical environment i.e. wards, advice can be sought from the Executive Director of Nursing.*

POLICY	RATIONALE
Sleeve Length – staff must adopt a 'bare below the elbow' approach when working in a clinical environment 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 must change out of their uniform before travelling to and from work.	Patient confidence in the Trust may be undermined
It is not permitted to be wearing a uniform when shopping e.g. in a supermarket or undertake similar activities in public.	Patient confidence in the Trust may be undermined
Badges – Photo 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 – that is longer than collar length must be worn discreetly pinned/clipped/tied up (pony tails must not fall below collar length). This applies to both male and females	Long hair can be a hazard and compromise patient or staff safety during the delivery of care when working with equipment or patients who could inadvertently pull or seize hair. 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 including attachments to nails 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 – Local policies allow a plain ring, such as a wedding ring to be worn and/or one pair of small plain metal studs (but not hooped earrings) – see below.</p> <p>Wristwatches must not be worn while involved in direct Patient Care activity. Fob watches provide an acceptable alternative. This will need to be purchased if required by the member of staff. It is recognised that for ambulance staff working outdoors a wrist watch may be essential. In this instance the watch must be washable with a washable strap made of non-porous material (e.g. NOT leather or fabric).</p> <p>No other jewellery is permitted with the exception of Medic alert jewellery which can be worn as a necklace which meets the Health and Safety requirements i.e. snap able, but must be cleanable, plain and discreet and must not be around the wrist. The line manager must be made aware of the requirements of the individual. All other forms of jewellery must not be worn</p>	<p>Jewellery can be hazardous for the following reasons</p> <ul style="list-style-type: none"> <li>◆ Jewellery, even plain metal bands (i.e. wedding rings) have been shown to colonise micro-organisms</li> <li>◆ Rings with stones are hazardous and may cause trauma to patients</li> <li>◆ Stones in jewellery may become dislodged</li> <li>◆ Jewellery that is hanging e.g. necklaces, could be dangerous to staff and patients in potentially violent situations</li> <li>◆ Hand and wrist jewellery/watches can reduce compliance with hand hygiene</li> </ul>
<p>Piercings</p> <p>Earrings – one pair of small plain metal studs – unadorned with stones (and not hoops) may be worn. All new visible body piercings must be covered with a</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>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.  <b>This includes tongue piercings</b> Managers should be undertaking a risk assessment with staff to determine the appropriateness of wearing piercing jewellery at work.  No Facial Piercing is acceptable</p>	<p>Professional appearance is important and piercings may undermine patient confidence in the Trust  Food hygiene regulations  Recognising cultural and ethnic needs of staff but ensuring these are balanced against the infection risk to patients</p>
<p>Footwear – Must be clean, plain, low heeled no more than 1.5 inches high, non-porous, enclosed - heel and toe, 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. 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 appropriate theatre footwear i.e. white shoes / clogs can be worn  In some areas protective footwear must be worn i.e. within the Estates Dept. e.g. steel toe caps</p>	<p>Shoes in a poor state of repair are a safety risk  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</p>
<p>Belts / Epaulettes  With or without buckles, if worn must be clean. Nursing staff will not wear belts unless on a formal ceremonial occasion such as a presentation with their line managers agreement.</p>	<p>Health and safety at work</p>
<p>Tights/Stockings/Socks  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  An overall professional appearance should be maintained  No slogans which could be considered offensive should be worn  Short sleeves best practice and bare below the elbows policy adopted in clinical care settings where activities involve patient contact  Disposable over sleeves, elasticated at the elbow and wrist, may be used.  Similarly neck-ties (other than bow-ties) should be avoided; alternatively must be tucked into shirt.  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  Health and safety guidance</p> <p>Ties may become contaminated.</p>
<p>Additional Garments e.g. fleece/cardigans must not be worn in a clinical environment 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>



Unsuitable Shoes



Suitable Shoe

## SUMMARY OF 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
NB For any staff member entering a clinical area bare below the elbow and compliance with the clinical dress code policy must be adhered to	To conform with Trust Dress Code and Uniform policy in line with Clinical area

## 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 Executive Director of Nursing & Quality 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 Executive Director of Nursing & Quality to determine the appropriate approval process.
- Male versions of uniforms - if specific colours not available uniform will normally be white tunics with appropriately coloured epaulettes.

Nursing and Allied Health Professions	Tunic Top/Dress	Trousers
Registered Nurse (Band 5 & 6)	Hospital Blue with white piping	Navy Blue
Registered Midwife (Band 6)	Dark Grey	Navy Blue
Registered Nurse (Mental Health)	Royal Blue Polo Shirt	Black
Deputy Sister (Band 6)	Royal Blue with white piping	Navy Blue
Sister/Charge Nurse	Navy with white piping	Navy Blue
Sister/Charge Nurse (Mental Health)	Navy Polo shirt	Black
Matron	Navy with royal blue piping	Navy Blue
Specialist Nurses (Registered)	Purple with white piping	Black
Nursery Nurse	Pale Blue with white piping	Navy Blue
Healthcare Assistants (General)	Aqua	Navy Blue
Healthcare Assistants (working with Specialist Nurses)	Lilac with white piping	Navy Blue
Healthcare Assistants (Mental Health) *	Pale Blue Polo shirts	Black
Head of Nursing & Quality	Navy Blue tunic with red piping	Navy Blue
Consultant Nurses	Blue tunic with red piping	Black
A + E staff (A&E Doctors)	A&E specific scrub suits in a colour commensurate with their A4C Banding. (A&E Doctors - Burgundy Scrubs)	
Community Stroke Rehabilitation Team	White shirts/polo shirts & black piping	Black
Ambulance €	Green shirt	Green
Pharmacy staff	White with white piping	Black
Physiotherapist	White with navy Piping	Navy Blue
Physiotherapy Assistant	Pale grey with navy piping	Navy Blue
Occupational Therapist	White with bottle green piping	Bottle Green
Occupational Therapy Assistant	Dark Grey with bottle green piping	Bottle Green
Radiographers	White with burgundy piping	Navy Blue
Radiographer Assistants	Dark Grey with Burgundy piping	Navy Blue
Biochemistry Staff	White Laboratory coats	
Cardiac Physiologist	White with red piping	Black
Respiratory Staff	White with white piping	Black
Podiatry	White with white piping	Black

Speech & Language Therapists	White & lime & royal blue piping	Navy Blue
Prosthetics	White	White
Sonographers (Maternity)	Light Grey	Navy Blue

All other groups of staff who wear a uniform NB: Some of these individuals may also hold professional registration.		
Cleanliness Assistant	Bottle Green Tunic	Black
Estates workers ¥	Navy Blue Polo shirts	Navy Blue
Porters §	Pale Blue shirts	Navy Blue
Ward Clerks	Teal Tunic Tops	Black
Housekeepers	White Blouses/Bottle Green Tabards	Black
Patient Transport €€	Navy shirts	Navy
Bed Management	Burgundy with white piping	Navy
Hospital Sterile Supplies Dept. Ω	Black polo shirt	Black
Theatres	Dark Blue scrubs	
Information Technology (IT) ≠	Grey shirts	Black
Out of Hours Doctors – Drivers	White shirts	Green
Hospital Transport €€€	White shirts	Navy
Phlebotomy	White with royal blue piping	Black
Volunteers	Orange Polo shirts	

Additional Uniform provided:

- \* Community Nursing Staff (General/Midwifery/Mental Health) 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.
- € Ambulance - Operational personnel are also issued with white T-shirts, high visibility jacket, soft shell jacket and safety Boots
- €€ Patient Transport personnel are also issued with fleeces, high visibility jacket and safety boots.
- €€€ Hospital Transport - High visibility jacket and Safety shoes
- ¥ Estates Staff are also issued with a body warmer, sweatshirt, Navy jacket with high visibility flashing and safety shoes.
- § Porters are also issued with a navy fleece, high visibility jacket and safety shoes.
- Ω HSDU - Safety shoes and for those working outside of the department a black fleece
- ≠ IT – Black fleece and safety boots



## Guidelines for Laundering Uniforms at Home

**The Trust laundry facilities are here to help you achieve timely access to a fresh Uniform on a shift by shift basis, the only exceptions to using this service, for on-site staff, is if there is a particular sensitivity. 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 manufacturer's 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 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.

- It is not acceptable for staff to wear theatre scrubs in the dining areas of the Trust.
- When leaving the theatre areas, staff should change into their own clothes or their designated uniform.

**Jewellery** – the same rules with regards to the wearing of jewellery, piercings, watches, etc. as described earlier in this policy section 7 apply in the theatre setting.

## 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 session.*

- 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)<sup>2</sup>.
- 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.*

- 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 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 to change on entering the Red Line Visitors to theatre, including the anaesthetic room and recovery, need to change if crossing the Red Line
- 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.

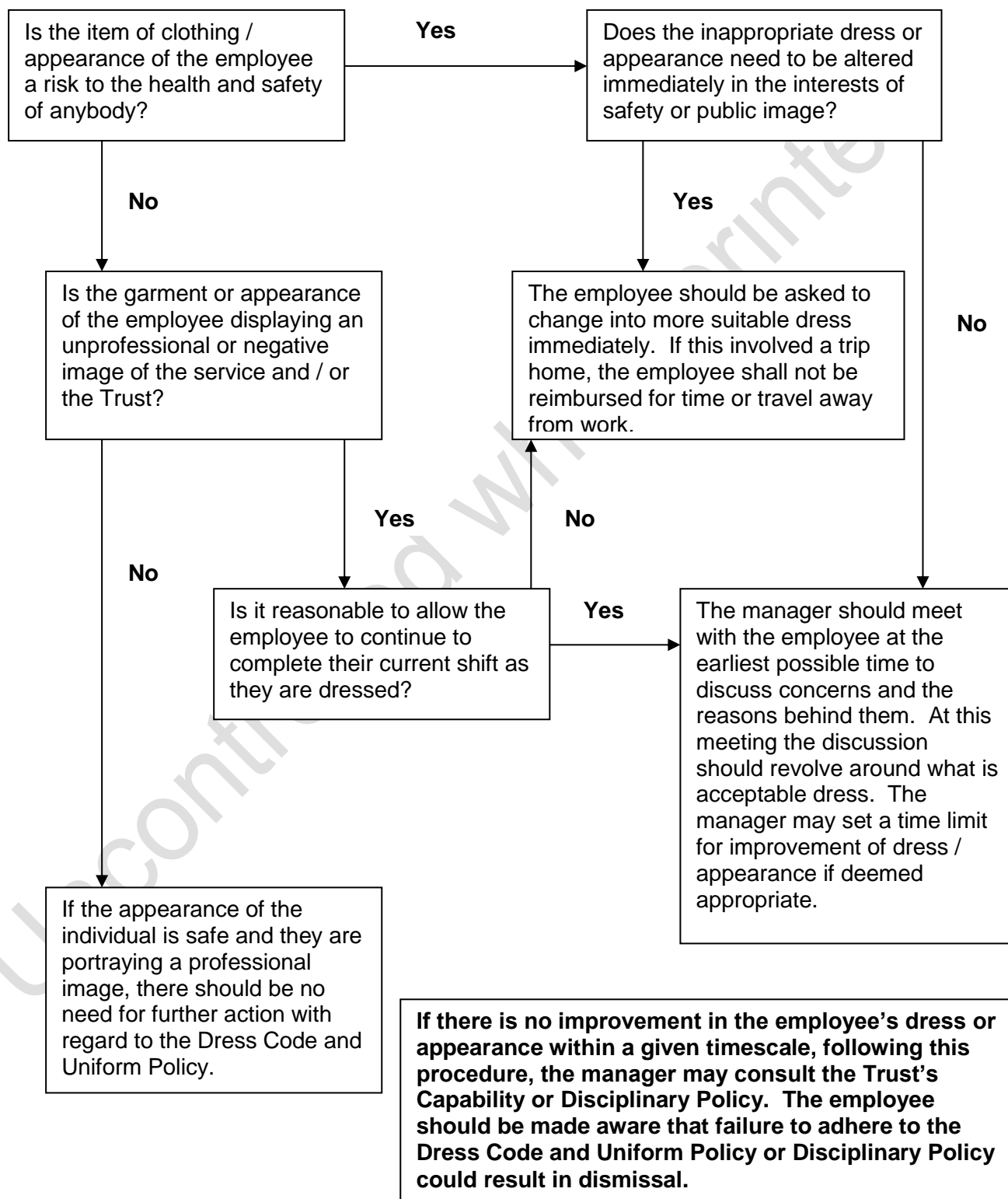
Shower facilities are available within the changing area and should be used after contamination.

## 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.



## Financial and Resourcing Impact Assessment on Policy Implementation

*NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.*

<b>Document title</b>	<b>Dress Code &amp; Uniform Policy</b>
-----------------------	----------------------------------------

<b>Totals</b>	<b>WTE</b>	<b>Recurring £</b>	<b>Non Recurring £</b>
Manpower Costs		Nil additional	
Training Staff		N/A	
Equipment & Provision of resources		Recurring budget already in place	

### Summary of Impact:

The funding already exists to provide uniforms within the Trust. There is no additional impact or costs associated with the revision of this policy in 2017.

### Risk Management Issues:

Nil other than those described within the document e.g. related to the risks of infection prevention and control.

### Benefits / Savings to the organisation:

Nil

### Equality Impact Assessment

This is a revision/update of the previous policy when this assessment was completed – this has not been revisited as part of this refresh.

- Has this been appropriately carried out? – the previous version 2014
- Are there any reported equality issues? – the previous version 2014

If “YES” please specify:

**Use additional sheets if necessary.**

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

**There are no additional costs**

<b>Manpower</b>	<b>WTE</b>	<b>Recurring £</b>	<b>Non-Recurring £</b>
Operational running costs: - There are no additional costs			
<b>Totals:</b>			

<b>Staff Training Impact</b>	<b>Recurring £</b>	<b>Non-Recurring £</b>
N/A		
<b>Totals:</b>		

<b>Equipment and Provision of Resources: - There are no additional costs</b>	<b>Recurring £ *</b>	<b>Non-Recurring £ *</b>
Accommodation / facilities needed		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
<b>Totals:</b>		

- Capital implications £5,000 with life expectancy of more than one year: N/A

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	



### Equality Impact Assessment (EIA) Screening Tool

Document Title:	Dress Code & Uniform Policy
Purpose of document	Dress Code and Uniform Policy to give clear guidance for staffing groups
Target Audience	All staff
Person or Committee undertaken the Equality Impact Assessment	Deputy Director of Nursing

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
<b>Gender</b>	Men			No impact
	Women			No impact
<b>Race</b>	Asian or Asian British People			<i>No impact</i>
	Black or Black British People			<i>No impact</i>
	Chinese people			<i>No impact</i>
	People of Mixed Race			<i>No impact</i>



	White people (including Irish people)			No impact
	People with Physical Disabilities, Learning Disabilities or Mental Health Issues			No impact
<b>Sexual Orientation</b>	Transgender			No impact
	Lesbian, Gay men and bisexual			No impact
<b>Age</b>	Children			No impact
	Older People (60+)			No impact
	Younger People (17 to 25 yrs)			No impact
<b>Faith Group</b>			<i>There are restriction related to dress code and the wearing of uniforms that are detailed within the body of the document – primarily listed within sections 7.13, 7.14 &amp; 7.15</i>	
<b>Pregnancy &amp; Maternity</b>	<i>Appropriate maternity uniforms are available</i>			
<b>Equal Opportunities and/or improved relations</b>				No impact

**Notes:**

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

**3. Level of Impact**

If you have indicated that there is a negative impact, is that impact:			
		<b>YES</b>	<b>NO</b>
<b>Legal</b> (it is not discriminatory under anti-discriminatory law)			✓
<b>Intended</b>		✓	

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:	
The negative impact has been minimised as far as is practical. There is provision within the document for 'special consideration' through discussion with the line manager and Occupational Health and the Director of Nursing will arbitrate on any challenges.	
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:	
The uniform restriction are practical from an infection prevention and control perspective and the Removal of facial coverings for religious reasons is required while on duty to ensure that the member of staff is identifiable, and to enhance engagement and communication with patients, visitors and colleagues.	
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?	
What amendments that can practically be made have been detailed within the document.	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Deputy Director of Nursing	12.9.2019
Date Initial Screening completed	12/9/2019