

## Dress Code and Uniform Policy

This policy outlines the standards of Uniform and Work wear applicable to all staff working within the organisation

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**Key individuals involved in developing the document**

Name	Designation
Michelle Churchard-Smith	Deputy Clinical Director / Lead Nurse – LD
Paula Southwick	Matron, CAMHS
Community Services Policy Authors and Working Groups	Amanda Howell, Infection Control Lead – City Community Services Workforce Group – County Community Services
Vyv Wilkins	Equality and Human Rights Officer

**Circulated to the following individuals for comments**

Name	Designation
Via Ward/ area forums	Patients
Via Ward/ area forums	Carers
Via staff Newsletter and sub groups	PMA team
Via staff Newsletter and sub groups	General Managers
Via staff Newsletter and sub groups	Heads of Services
Via staff Newsletter and sub groups	Clinical Directors
Via staff Newsletter and sub groups	Modern Matrons and Lead Nurses
Via staff Newsletter and sub groups	Ward / Home Managers
Via staff Newsletter and sub groups	Senior Clinical Group / Sub Group Leads
Via staff Newsletter and sub groups	Infection Control Nurses
Via Joint Staff Side Consultative Group, staff Newsletter and HR Policy sub group	Staff Side Representatives

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## Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1	June 2011	Policy Harmonisation
2	23/11/11	Initial Policy Harmonisation
3	20/12/11	Changes following consultation with Policy all staff
4	28/03/12	Changes following HR/ Staff side meeting for Policy Harmonisation
5	18/10/12	Wording reviewed regarding Infection Control following comments from the Infection Control Lead Nurse  Monitoring and Compliance section table added.
6	11/06/13	Page18 refers to bracelets and religious artefacts. Bracelet such as metal Kara (metal bangle worn by Sikhs) are deemed to be admissible in the clinical setting subject to overriding health care and safety consideration. This has been agreed at UHL following infection control considerations. The rationale being that hand hygiene standards can be maintained as the bracelet is metal as is the case for wedding bands.  Also following recent case law and again subject to overriding health care and safety considerations, one necklace worn as a religious symbol (e.g. Mangalsutra necklace) that cannot be removed, however this must be on a long chain and tucked out of sight.

**All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.**

Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

**For further information contact:**

Michelle Churchard-Smith Deputy Clinical Director / Lead Nurse- LD	<a href="mailto:Michelle.churchard@leics12art.nhs.uk">Michelle.churchard@leics12art.nhs.uk</a> 0116 225 5220
Paula Southwick Matron, CAMHS	<a href="mailto:Paula.southwick@leics(2art.nhs.uk">Paula.southwick@leics(2art.nhs.uk</a> 0116 2255800

## Definitions that apply to this Policy

<b>Clinical Activity</b>	Clinical activity is defined as any work activity either in a ward, health centre, LPT department or clients home during which a member of staff is in direct contact with the patient/client, their medical equipment or their immediate environment (to include anywhere clinical activity is taking place.
<b>Infection</b>	An organism present at a wound/site and causes an inflammatory response, or where an organism is present in a normally sterile site
<b>Uniform</b>	Clothing of distinctive design worn by members of a particular group as a means of identification;
<b>Work wear</b>	Clothes designed to be worn while working.
<b>PPE</b>	Personal protective equipment.
<b>Due Regard</b>	<p>Having due regard for advancing equality involves:</p> <ul style="list-style-type: none"> <li>• Removing or minimising disadvantages suffered by people due to their protected characteristics.</li> <li>• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.</li> <li>• Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low</li> </ul>

## **Equality Statement**

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which LPT is responsible, including policy development, review and implementation.

### **1.0 Summary**

The purpose of this policy is to ensure that all staff (both directly and indirectly employed) participating in duties within the organisation project a professional image. The Policy is to ensure that clothing is compatible with safe moving and manual handling and is appropriate to the area of work undertaken, minimising the risk of infection, whilst maintaining staff and patient safety. A professional appearance is reassuring to patients, relatives and visitors' to the Trust.

### **2.0 Introduction**

Leicestershire Partnership NHS Trust (LPT) to be referred to as "the organisation". The Code and Uniform policy has been developed to ensure a consistent approach to standards of uniform and work wear that underpins both infection prevention and control and health and safety policies and increases public confidence.

The objective of this policy is to provide organisational guidance in the following key areas:

#### **2.1 Patient Safety:**

Effective hygiene and preventing infection are absolutes in all healthcare settings. 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.

#### **2.2 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 peoples' overall perceptions of the standards of care they experience. Uniforms and work wear should be clean at all times, and professional in appearance. In addition, public attitudes indicate it is good practice for staff either to change uniform at work, or to cover their uniforms as they travel to and from work.

Patients, carers and visitors also like to know who is who in the care team. Uniforms and name badges can help with this identification.

Community or in patient staff not required to wear uniform should adhere to the work wear policy to demonstrate a professional appearance and that there is a consistent approach to standards of care.

- 2.3 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 and work clothing. This includes being able to dress in accordance with their cultural practices.

### **3.0 Scope of Policy**

This policy applies to **all staff** (including temporary staff, bank, agency, volunteers and students) employed within the organisation. Uniform or work wear must be fit for purpose, whether working on the organisation's premises or elsewhere.

- 3.1 All staff provided with uniform in the old Community Health Services will continue to wear this until such a time that the Trust reviews the policy in 2013.

### **4.0 Legal Context**

- 4.1 Legislation affecting uniforms and work wear has two main areas of focus:

- A primary concern with health and safety of patients and staff, along with the requirement to prevent the spread of infections; and
- Employment equality for staff in terms of age, disability, gender, sexual orientation, race and ethnicity, religion or belief and human rights.

- 4.2 Local policies on uniforms and work wear should take account of legislation which specifically addresses work clothing and transmission of infection, principally:

- **The Health and Safety at Work Act 1974, Sections 2 and 3**  
Section 2 concerns risks to employees. Section 3 concerns risks to others affected by their work.
- **The Control of Substances Hazardous to Health (COSHH) Regulations 2002.**  
Information about the relevance of COSHH regulations for infection control is available at [www.hse.gov.uk/biosafety/healthcare.htm](http://www.hse.gov.uk/biosafety/healthcare.htm).



- **The Management of Health and Safety at Work Regulations 1999.** These regulations cover patients and others exposed to microbiological infections, and include infection control measures.
- **Personal Protective Equipment Work Regulations 1992 (as amended).** These regulations cover requirements to ensure correct PPE is chosen and that it is used and maintained properly.
- ***Securing Health Together*, the Health and Safety Executive (HSE) long-term strategy for occupational health.**
- **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 work wear 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.

Employers should also be aware of the provisions of equality and diversity legislation. Valuable guidance on this issue is available.

## **5.0 Equality and Diversity**

- 5.1 Care should be taken in the applications of this policy to avoid discrimination and therefore account should be taken of organisations Equality, Diversity and Human Rights policy.
- 5.2 The policy applies to all staff working for the organisation irrespective of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. Whilst the organisation recognises the diversity of cultures, religious needs and disabilities of its employees, and will endeavour to take a sensitive approach when this affects uniform and work wear requirements, priority will be given to health and safety, security and infection prevention and control considerations.

## 6.0 Definitions

The definition for uniform and work wear is as follows:

- **Uniform:** clothing of distinctive design worn by members of a particular group as a means of identification;
- **Non uniform :** clothes to be worn while working.

- 6.1 Some members of staff may require a more individual approach to their Clothing worn for work , for example pregnant women, certain racial groups or staff who have a physical disability. These needs must be discussed and agreed with their line manager, once the appropriate risk assessment is undertaken. Any variation from the policy should be addressed through a documented risk assessment. This is to be carried out by a line manager, supported by relevant expertise e.g. Occupational Health, Infection Prevention and Control and Health and Safety, and a decision made based on the assessment which is agreed.
- 6.2 A bespoke uniform may be supplied on religious grounds but this will be subject to an initial Equality Assessment /Risk Assessment and will ensure compliance with infection prevention and control needs and Health and Safety regulations. Some staff may require a modified uniform because of their disability or on religious grounds.
- 6.3 Managers will be expected to take each case on its individual merit, by undertaking a risk assessment and equality assessment. It is important that managers seek advice and guidance from the Human Resources or Equality department for clarification.
- 6.4 Staff who disagree with the imposition of a dress restriction will have access to the organisations Grievance and Disputes Policy and Procedure to seek a resolution to this which is consistent with the organisations policies and good employment practice.
- 6.5 Staff who are employed by another Trust will be expected to comply with that particular Trust policy. Staff working for this organisation will be expected to comply with this policy when working within another Trust.
- 6.6 Contracted staff must wear the uniform as dictated by their contractors.
- 6.7 Students will wear the uniform supplied by their University.

## 7.0 Personal Protective Equipment (PPE).

The use of personal protective equipment (PPE), must be based on a risk assessment and comply with the relevant Trust policies.

- Personal Protective Equipment Policy
- Infection Prevention and Control Policy for the Use of Personal Protective Equipment IN CHS, Inpatient Facilities and Primary Care

- Health, Safety and Welfare at Work Policy
- Work Wear Personal Protective Equipment Policy

## **8.0 Duties within the Organisation**

- 8.1 The Trust Board has a legal responsibility for Trust Policies and for ensuring that they are carried out effectively.
- 8.2 The Divisional Directors and Heads of Service will ensure that the policy is implemented and take responsibility to ensure staff within their Division/service/locality adheres to the policy.
- 8.3 Human Resources will provide support and advice. Copies of the policy will be provided to all new staff during the induction process. For all existing staff the policy will be communicated through the organisations normal publicity route i.e. intranet, News Letters, etc.
- 8.4 Managers will provide and dispose of any uniforms to relevant staff in accordance with the policy.
- 8.5 Employees Responsibility:
- adhere to the standards of clothing at work and personal appearance appropriate to their area of work;
  - inform their manager in a timely manner for any replacement of uniform;
  - return uniforms to the employer for disposal
  - comply with this policy and any other associated policy and procedure;
  - wear any PPE provided;
  - Recognise that their own clothing could be damaged.
  - To acknowledge that failure to adhere to the policy may result in disciplinary action in accordance with the organisations procedures.

## **9.0 Health, Safety and Welfare**

- 9.1 All employees have a legal obligation to do everything possible to avoid harm both to themselves and others and, therefore, the successful implementation of the Health, Safety and Welfare Policy requires total commitment from all levels of the organisation.
- 9.2 The organisation endorses the need for managers and staff to work positively together to achieve a situation compatible with the provision of high quality services to patients and clients, where the risk of personal injury and hazards to the health of staff and others can be reduced to a minimum. Further information can be accessed from Health, Safety and Welfare Policy and Welfare Policy and Personal Protective Equipment Policy

## **10.0 Monitoring Compliance and Effectiveness**

- 10.1 In order to maintain standards within the organisation it will be essential to take a serious view of anybody who consistently deviates from this policy. Any member of staff must be prepared to be challenged at any time, if the policy guidelines are not followed.
- 10.2 Line Managers will monitor and address compliance with this policy across their area of responsibility.
- 10.3 It is the line manager's responsibility to ensure that their staff receive appropriate education, training and guidance on undertaking their role and ensuring appropriate work wear and any required PPE is readily available for staff to use.

Criteria	Measurable	Frequency	Reporting to	Governance
Employees that do not adhere to the uniform and work wear principles will be managed in accordance with the Trust Disciplinary policy and procedure	Number of disciplinary cases	Monthly	Workforce Development Sub Group	Workforce and OD Committee

### 11.0 Policy Principles

All staff are required to appear presentable and smart in the workplace and must be professional, ensuring that the individual promotes a clean, smart professional appearance, building public trust, confidence and promoting a positive image for the organisation – First Impressions Count as stated in the Caring at its Best Standards.

### 12.0 Uniform and Dress Code Standards Applicable to all Staff

- 12.1 There are standards that apply to all staff irrespective of whether they wear a uniform or wear their own clothes to work .
- 12.2 Where a uniform is provided it must be worn. Where staff wear their own clothing, this must be appropriate for the role they undertake. All employees must adhere to the following standards.

Dress Code Standards for all staff	Why
<p><b>Professional Appearance:</b></p> <p>a. Staff must dress in a manner which inspires patient and public confidence. Uniform and work wear must be smart, professional and appropriate in appearance at all times. It is the responsibility of each</p>	<p>People may use appearance as a proxy measure of professional competence.</p>

<p>individual to ensure that their clothing (uniform or work wear) they wear to work is clean and well maintained.</p> <p>b. Staff must not dress untidily and in an unprofessional manner.</p>	<p>Patients and visitors may equate untidy appearance with low professional competence and poor hygiene standards.</p>
<p><b>Identification:</b></p> <p>a. Staff must wear clear identifiers, unless a local health and safety risk assessment specifies this is not appropriate.</p> <p>b. Staff must not wear numerous badges.</p>	<p>Patients/members of the public like to know the names and roles of staff who are caring/talking to them. One or two badges denoting professional qualifications or memberships may be acceptable. Any more looks unprofessional and may present a safety hazard.</p>
<p><b>Lanyards:</b></p> <p>a. Staff must wear identity badges at all times unless a local health and safety risk assessment specifies this is not appropriate.</p> <p>b. Staff should ensure that they wash lanyards on a regular basis.</p> <p>c. Lanyards should not be worn when engaging in direct patient care.</p> <p>d. There is a requirement for a 3 break lanyard</p>	<p>Lanyards can be contaminated and accidentally come into contact with patients.</p> <p>3 break Lanyards are used to ensure it cannot be used as a ligature</p>
<p><b>Hair:</b></p> <p>a. Staff must ensure hair is neat, tidy and well groomed. Facial beards must be neat and tidy.</p>	
<p><b>Jewellery:</b></p> <p>a. Any jewellery should not be excessive or unconventional, or breach infection control guidance.</p> <p>b. Staff must not wear facial piercing. No jewellery worn through body piercing(s) (seen ) is permitted other than earrings.</p>	<p>Conspicuous jewellery can be a distraction and at odds with presenting a professional image. The issue is patient/public attitude and confidence in their care team. For many particularly older patients, facial piercing can be unsettling and distracting. However, managers must take each case on its own merit and undertake a risk assessment as well as seeking advice and guidance from Human Resources team.</p>
<p><b>Tattoos:</b></p> <p>a. Staff must not display tattoos that</p>	<p>The issue here is client attitude and</p>

contain language or imagery that could be considered offensive.	confidence. For many clients, tattoos can be unsettling and distracting.
<p><b>Make-up:</b></p> <p>a. Staff wearing make-up, perfume, after shave or deodorants should ensure application is minimal.</p>	Staff wearing make-up, perfume, after shave or deodorants should ensure application is not over powering so to cause discomfort to work colleagues or patients.
<p><b>Religion:</b></p> <p>a. Where, for religious reasons, members of staff who wish to cover their forearms or wear a bracelet may do so. However, they need to ensure they are not obstructive when carrying out their duties.</p> <p>b. The niqab is not permitted to be worn in clinical practice but may be worn in an office environment.</p>	<p>Hand hygiene is paramount, and accidental contact of clothes or bracelets with patients is to be avoided.</p> <p>Staff wearing religious articles such as wedding necklaces/bracelets should be worn underneath the uniform to avoid contact with patients when providing care.</p> <p>UHL consultation identified that an overwhelming majority of respondents felt that the niqab would significantly interfere with communication and should not be permitted on these grounds. However, managers must take each case on its own merit and undertake a risk assessment as well as seeking advice and guidance from Human Resources team.</p>
<p><b>Personal Hygiene:</b></p> <p>a. Staff are expected to maintain an acceptable level of personal hygiene.</p>	Hygiene is paramount at all times, to ensure not to cause discomfort to work colleagues or patients.
<p><b>PPE Shoes / Shoes</b></p> <p>a. Staff must wear footwear that is appropriate for the environment(s) and work activities they undertake.</p> <p>b. Backless and/or open toe shoes or sandals must not be worn as these constitute a hazard. Croc style clogs must not be worn, incidents</p>	In line with PPE/Workwear Policy, closed shoes offer protection from spills and dropped objects. Open and non-enclosed shoes e.g. flip flops risk injury. Managers will need to specify to staff appropriate footwear for their area of work.

<p>have been reported in which the soles of this type of footwear were penetrated by sharp objects such as shards of broken glass.</p>		<p><b>13.0</b>  <b>Standards</b></p>
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**Standards for all staff who wear Uniform**

The following standards apply to all staff that wear a uniform and are in addition to those described in Section 12. Uniforms remain the property of the organisation and they are provided solely for use whilst at work.

**13.1 Dresses/ Tunics or Polo shirts**

Each professional group should wear the agreed colour scheme designated for their role and profession. Guidance on the correct colour scheme is available from professional leads.

**13.2 Cardigan/Fleece Wear**

Where Cardigans/fleeces are worn they must be black, navy or match the colour of the dress/tunic/polo top. They must not be worn during the delivery of clinical care.

**13.2 Trousers/ Hosiery**

Trousers should be either black or navy or in the agreed colour scheme for the role/ profession.

Dark or neutral coloured socks or hosiery should be worn with tunic top and trousers. Knee high or full length tights can be worn with dresses. Hosiery should either be black or match your own flesh tone. During the summer months when experiencing extremely hot temperatures, uniform dresses, skirts, etc. may be worn without tights.

**13.3 Maternity Wear**

Pregnant staff will wear their existing uniform modified with maternity tops and trousers or dresses.

**13.4 Belts and Buckles**

Belts and buckles must not protrude or have sharp edges, and should be removed when delivering direct patient care as they can restrict movement and may lead to patients being injured. We recommend that belts and buckles should be cleaned on a regular basis as they may become contaminated with body fluids or appear dirty.

**14.0 Standards for all Staff involved in Direct Patient Care Activity**

14.1 The organisation will employ staff in a wide variety of work settings which require them to perform a broad spectrum of duties.

14.2 Staff working in clinical areas may or may not wear a uniform. Similarly, staff working in non-clinical areas may or may not wear a uniform.

14.3 Staff involved in direct patient care activities i.e. direct contact with patients and their close environment must comply with the following standards:

Standards for those staff involved in direct patient care	Why
<p><b>Tops:</b></p> <ul style="list-style-type: none"> <li>a. Staff must wear short sleeved tops during direct patient care activity.</li> <li>b. Where, for religious reasons, members of staff wish to cover their forearms or wear a bracelet, they must ensure that sleeves or bracelets can be removed for hand washing and direct patient care activity.</li> </ul>	<p>Cuffs at the wrist can become heavily contaminated and are then likely to come into contact with patients. Hand hygiene is paramount, and accidental contact of clothes or bracelets with patients must be avoided.</p>
<p><b>Changing of Uniforms:</b></p> <ul style="list-style-type: none"> <li>a. Staff must change as soon as possible, if uniform or work wear becomes visibly soiled or contaminated.</li> <li>b. Staff must put on a clean uniform/work wear at the start of every shift. This includes head scarves/ turbans/ niqabs and veils.</li> <li>c. Uniforms must not restrict movement at the shoulders, hips and waist.</li> </ul>	<p>Visible soiling may present an infection risk and will be disconcerting for patients. Presents a professional appearance. Incorrectly fitting uniforms must be replaced.</p>
<p><b>Changing Facilities:</b></p> <ul style="list-style-type: none"> <li>a. Where changing facilities are provided staff must change into and out of uniform at work, or cover uniform completely when travelling to and from work.</li> <li>b. Staff must not go shopping in uniform/work wear or engage in other activities outside work.</li> <li>c. It is recognised that for some patients undertaking therapeutic activities outside the Trust it may not be appropriate for accompanying staff to wear uniform. Any decision not to wear uniform should be made in consultation with the Ward/ area Manager and the rationale</li> </ul>	<p>There is no evidence of an infection risk from travelling in uniform, but many people perceive it to be unhygienic. Even though there is no evidence of infection risk, people perceive there is one.</p>



documented.	
<p><b>Shoes:</b></p> <p>a. Staff must wear soft-soled shoes, closed over the foot and toes. Where shoes are provided with heel/ankle strap the strap must be worn.</p>	<p>Closed shoes offer protection from spills and dropped objects. Open shoes risk injury or contamination for staff. Soft soles reduce noise in wards. Not wearing any heel/ankle strap provided increases injury risk.</p>
<p><b>Neckties:</b></p> <p>a. Staff must not wear neckties/ bow ties during direct patient contact.</p>	<p>Ties have been shown to be contaminated by pathogens, and can accidentally come into contact with patients. They are rarely laundered and play no part in patients care.</p>
<p><b>Carry Sharp Objectives:</b></p> <p>a. Staff must not carry pens, scissors or other sharp or hard objects in outside breast pockets.</p>	<p>They may cause injury or discomfort to patients during care activity. They should be carried inside clothing or in hip pockets.</p>
<p><b>Nails:</b></p> <p>a. Staff must have clean, short, unvarnished fingernails.</p> <p>b. Staff must not wear false nails, in fills or nail gel during patient care.</p> <p>c. Hand hygiene policy to be adhered to at all times.</p>	<p>Clean nails are hygienic and look professional. Long nails are harder to keep clean and are a potential hazard. False nails, in fills or nail gel harbour micro-organisms and make effective hand hygiene more difficult.</p>
<p><b>Hair:</b></p> <p>a. Staff must tie long hair back off the collar. Facial hair must be tied/ secured appropriately to prevent cross infection.</p>	<p>Patients prefer to be treated by staff who have short or tidy hair/beards, and are smartly presented.</p>
<p><b>Jewellery:</b></p> <p>a. Staff must not wear any jewellery, during direct patient care activity apart from a smooth ring or plain stud earrings.</p>	<p>Jewellery and watches can harbour micro-organisms and make effective hand hygiene more difficult. Necklaces, long or loop earrings and rings present possible safety hazards for patients and staff.</p> <p>Staff wearing religious articles such as wedding necklaces should be worn underneath the uniform to avoid contact with patients when providing care.</p>
<p><b>Tattoos:</b></p> <p>a. Staff must not display tattoos that contain language or imagery that could be considered offensive.</p>	<p>The issue is patient attitude and confidence in their care team. For many particularly older patients, tattoos can</p>

	<p>be unsettling and distracting. Tattoos on the forearms and hands must be left uncovered for hand hygiene during direct patient care activity.</p>
<p><b>Religion:</b></p> <p>a. Where, for religious reasons, members of staff who wish to cover their forearms or wear a bracelet may do so when not engaging in patient care. However, they must ensure that sleeves or bracelets are removed for hand washing and direct patient care activity.</p> <p>b. The niqab is not permitted to be worn in clinical practice but may be worn in an office environment.</p> <p>c. Religious jewellery</p> <p>d. Head Scarves/Turbans worn to cover the hair for cultural/religious reasons should follow the same guidelines as a uniform when working in a clinical capacity and direct patient contact. i.e. must be clean, freshly laundered and pinned back when dealing with patients/clients</p>	<p>Hand hygiene is paramount, and accidental contact of clothes or bracelets with patients is to be avoided.</p> <p>UHL consultation had identified that the niqab would significantly interfere with communication and should not be permitted on these grounds. However, managers must take each case on its own merit and undertake a risk assessment as well as seeking advice and guidance from Human Resources/Equality Team.</p> <p>Staff wearing religious articles such as wedding necklaces should be worn underneath the uniform to avoid contact with patients when providing care.</p> <p>Bracelet such as metal Kara (metal bangle worn by Sikhs) are deemed to be admissible in the clinical setting subject to overriding health care and safety consideration. Fabric bracelets will not be permitted due to high risk of infection etc.</p> <p>One necklace worn as a religious symbol (e.g. Mangalsutra necklace/ Cross with Metal chain without stones) that cannot be removed, however this must be on a long chain and tucked out of sight.</p>
<p><b>Tabards:</b></p>	

a. Where tabards are provided staff must ensure a 'Tabard' is worn when issuing drugs.	To ensure staff are not interrupted whilst administering drugs, so to reduce chances of drug errors.
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## 15.0 Washing Uniforms and clothing worn at work

- 15.1 It is highly recommended that staff involved in direct patient care observe the following guidance on laundering uniforms and clothing worn at work .
- 15.2 All elements of the washing process contribute to the removal of micro-organisms on fabric. Detergents (washing powder or liquid) and agitation release any soiling from the clothes, which is then removed by sheer volume of water during rinsing. Temperature also plays a part.
- 15.3 Scientific observations and tests, literature reviews and expert opinion suggest that:

There is little effective difference between domestic and commercial laundering in terms of removing micro-organisms from uniforms and work wear;

- washing with detergents at 30°C will remove most gram positive micro-organisms, including all methicillin-resistant *Staphylococcus aureus* (MRSA); and
- A 10-minute wash at 60°C is sufficient to remove almost all micro-organisms. In tests, only 0.1% of any *Clostridium difficile* spores remained. Microbiologists carrying out the research advise that this level of contamination on uniforms and clothing worn at work is not a cause for concern.

Standards	Why
<p>Washing Instructions:</p> <p>a. Staff should wash contaminated uniforms and work wear at the hottest temperature suitable for the fabric. All other uniform and work wear should be washed at the highest temperature the fabric will tolerate (see manufactures washing</p>	<p>A wash for 10 minutes at 60°C removes almost all micro-organisms. Washing with detergent at lower temperatures – down to 30°C – eliminates MRSA and most other micro-organisms.</p> <p>Overloading the machine will reduce wash efficiency.</p>

<p>instruction label) but this should be at least 30°C. Clothing/Head wear that can not be washed at 30°C should not be worn.</p> <p>b. Do not overload the washing machine.</p> <p>c. Wash heavily soiled uniforms separately.</p> <p>d. Clean washing machines and tumble driers regularly, in accordance with manufacturer's instructions.</p>	<p>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.</p> <p>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.</p>
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15.4 Contaminated clothing should be carried/transported home separately from other items for example in a plastic carrier bag. Clean and dirty clothing should not be transported together. If clothing is heavily soiled or wet then it should be double bagged in plastic bags which should be knotted. The clothing should remain in the bag until it is washed, so as to avoid contamination of other clothes or the environment.

## 16.0 New Staff

This Dress Code and Uniform Policy will be distributed to new staff at the organisations' induction programme.

## 17.0 Uniform Issue, replacement and disposal

- 17.1 There are agreed uniforms adopted by the organisation. All trusts have been advised (NHS Security Management Service 2010) that employers must have a significant audit trail to ensure that uniforms and ID badges are used for their intended purpose and not otherwise. A potential terrorist tactic might involve using health service staff uniforms/ID. This has been a tactic used globally on a number of occasions by terrorist organisations.
- 17.2 On commencement of employment staff will be issued the appropriate uniform. Where uniforms are damaged and require replacement staff should inform their line manager.
- 17.3 Employees leaving the organisation must return all uniforms issued. Failure to do so may result in the cost of the uniforms being recovered from the employee. The return of uniforms will be logged on staff's HR records.
- 17.4 Lost or Stolen items – employee should inform their line manager as soon as possible if an item is lost or stolen and complete an incident report form. If an employee has a record of continual loss or stolen items the line manager and employee must discuss security of their possessions.

17.5 Disposal – items that are visually identifiable as the whole or part of the organisation’s uniform (e.g. due to their colour or style), have insignia or are otherwise unique to the organisation and which are not suitable for the re-use must be disposed of securely. Clean uniforms should be cut up and thrown away in domestic waste or recycling. Where areas have a large number of uniforms to dispose of estates and procurement departments can offer guidance on secure shredding services. All relevant legislation should be observed in the manner of secure disposals, notably the duty of care imposed by the Environment Protection Act.

**18.0 Adherence to the Policy**

18.1 This uniform policy is designed to ensure both patient and staff safety. Regular audit of adherence to the policy and infection prevention and control monitoring of patients and staff complaints will be a performance measure adopted across the organisation.

18.2 In order to maintain standards within the organisation it will be essential to take a serious view of anybody who consistently deviates from this policy. Any member of staff must be prepared to be challenged at any time, if the policy guidelines are not followed. On the first occasion staff will be informed why their clothing breaches the policy and will be issued a letter to remind them of this. Any further deviation will be assessed in line with the relevant performance policy.

**19.0 Policy Review**

This policy will be reviewed every two years or sooner in response to possible patient or staff safety issues.

**20.0 Uniform Description and Minimum Levels of Issue**

Minimum Levels of uniform Issue

Full time staff	4 dresses or tunic tops or polo shirts / 3 trousers
Part time staff	3 dresses or tunic tops or polo shirts / 2 trousers
1 day per week staff	1 dress or tunic / 1 trousers

**Note:**  
Trousers are only provided

to staff employed within previous Community PCT Services.

- Uniform requirements must be discussed with the line manager and should consider the number of shifts worked per week rather than the number of hours.
- Sufficient clean ‘Tabards’ on the ward need to be provided for example; one clean tabard for each registered nurse per shift.
- Tabards are laundered on the wards and must not be removed from the Hospital.

## **21.0 Clothing not considered appropriate:**

- Sweatshirts or T-shirts with inappropriate slogans;
- Low cut t-shirts, blouses or revealing/transparent clothing;
- Cropped tops showing midriff;
- Tight fitting tops, skirts and trousers;
- Leggings; unless worn with a dress or long tunic.
- Jogging trousers (however, exception for certain posts will be permitted) ;
- Casual shorts/hot pants (however, tailored shorts, culottes are permitted but must be knee length, only if the piece of clothing does not cause a health and safety risk);
- Vests top;
- Jeans/denim;
- Combat trousers (however, exception for certain posts will be permitted i.e. HIS);
- Scruffy/torn clothing;
- Micro or very short mini skirts/dresses;
- Sports clothing for example: track suits (however, exception for certain posts/ activities will be permitted);
- Football and rugby shirts
- Excessive or unconventional jewellery;
- Fashion/any trainers (unless stated otherwise or for certain posts/ activities);
- Studded belts;
- Bare shoulders and spaghetti tops.

This list is not an exhaustive list. The above are examples of clothing that is inappropriate for work wear. Please note: staff do not need to wear their uniform on study days.

## **22.0 Due Regard**

22.1 The Trust is committed to providing equality of opportunity, not only in its employment practices but also in the services for which it is responsible. As such this policy has been developed in context of Section 149 of the Equality Act 2010 have due regard for the need to:

- Eliminate discriminations
- Equality of Opportunity
- Provide for good relations between people of diverse groups

Equality analysis aims to minimise and if possible remove any disproportionate impact on employees on the grounds of all relevant protected characteristics, No detriment was identified

- 22.2 Patient safety is paramount in the application of this policy. The Trust recognises the diversity of cultures, religions and disabilities of its employees, and will endeavour to take a sensitive individual approach when this affects dress and uniform requirements; priority will be given to health and safety, security and infection control considerations.
- 22.3 All employees will be treated in a fair and equitable manner recognising any special needs of individuals where adjustment may need to be made. No member of staff will suffer any form of discrimination, inequality, victimisation, harassment or bullying as a result of implementing this policy
- 22.4 There are a number of support processes in place which staff can access to seek advice to reduce any adverse impact on patient, staff and carers safety in the application of this policy.

### 23.0 Links to Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Care Quality Commission registration standards (outcome 12) <i>Requirements relating to workers</i> regulation (21) of the Health & Social Care Act (2008) (Regulated Activities Regulations 2010 <a href="#">CQC essential standards</a> )	That the trust maintains compliance with CQC registration standards, this policy supports outcome standards 12

### 24.0 Dissemination and Implementation

The policy is approved by the Leicestershire Partnership NHS Trust Workforce and Development Committee and is accepted as a Trust wide policy. This policy will be disseminated immediately throughout the Trust following ratification.

The dissemination and implementation process is:

- Line Manager will convey the contents of this policy to their staff
- Staff will be made aware of this policy using existing staff newsletters and team briefings
- The Policy will be published and made available on the Intranet

This policy is available and accessible for those requiring information in braille and an interpretation service is available to different nationalities who require them.

## 25.0 List of policies to be read in conjunction with the Dress Code and Uniform Policy

- Infection Prevention and Control Policy
- Infection Prevention and Control Policy for the Use of Personal Protective Equipment IN CHS, Inpatient Facilities and Primary Care
- Work Wear Personal Protective Equipment Policy
- Health, Safety and Welfare at Work Policy
- NHS Security Management Service (2010) Guidance on security measures to be included in ambulance trust uniform policy.
- Uniforms and Work – Guidance on Uniform and Work Wear policies for NHS employers -  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_114751](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114751)
- Equality Diversity and Human Rights Policy

## 26.0 References and Associated Policies

- Ayliffe, G.A.J., Lowbury, E.J.L., Geddes, A.M. & Williams, J.D. (2000) Control of Hospital Infection: A Practical Handbook Chapman & Hall;
- Department of Health (2007) Uniforms and Workwear: an evidence base for developing local policy, September, <http://www.dh.gov.uk/publications>;
- National Audit Office, Reducing Healthcare Associated Infections In England, (June 2009, HC560);
- NHS East Midlands (2007) Infection Prevention and Control Uniform and press Guidance;
- The Institute of Environmental Health (1996) Basic Food Hygiene Teaching Package;
- The Royal Marsden Hospital (2004) 6<sup>th</sup> Edition Manual of Clinical Nursing Procedures, Blackwell Scientific;
- Wilson, J. (1995) Infection Control in Practice Ballière Tindall;
- [www.rcn.org.uk/mrsa](http://www.rcn.org.uk/mrsa) link to RCN uniform standard recommendations July 2005;
- **TVU1**: a literature review of evidence around the role of uniforms in the transfer of infections, and effectiveness of laundry methods in removing contamination



- **TVU2:** a literature review of evidence on how uniforms affect the image of individuals and the organisations they work for – and the importance that people attach to this.
- **UCLH:** practical work to establish the effectiveness of domestic and commercial laundering methods in removing micro-organisms from uniform fabrics.
- **HHTF:** the guidance includes recommendations from the Healthcare Infection Control Practices Advisory Committee and Hand Hygiene Task Force: *Morbidity and Mortality Weekly Report* 2002; 51 (No. RR-16) in reference to the NHS Security Management Service – Guidance on security measures to be included in an ambulance trust uniform policy.