



# Work Wear and Uniform Policy

This policy sets out the standards required for work wear and uniforms applicable to all staff working within the organisation.

**Key words:** Uniform, work wear, Bare below the Elbows,

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**Approved by:** Infection and Prevention Control Assurance Committee

**Ratified By:** Quality Forum

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# Policy On A Page

## SUMMARY & AIM

The purpose of this policy is to ensure that all staff (both directly and indirectly employed) participating in duties within the Trust 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.

Uniform or work wear must be fit for purpose, whether working on the organisations premises or elsewhere. The policy will be shared with commissioning services and other regulatory bodies for the expected standards of work wear when visiting clinical areas. All staff are required to appear presentable and smart in the workplace.

## KEY REQUIREMENTS

It is acknowledged that not all staff who have regular contact with patients wear a uniform, however the following are a set of standards that apply to all staff irrespective of whether they wear a uniform or not but who work in areas where they come into contact with patients.

Employees must ensure that their garments are presentable, clean, and are suitable for their roles and responsibilities.

The clothes worn should be appropriate for attendance at work i.e., business type dress, uniform, smart casual, in good condition.

Staff should refer to their professional code of conduct on maintaining professionalism

## TARGET AUDIENCE:

All staff who work within LPT services, including bank, agency and volunteers.

## TRAINING

There is no identified training for this policy

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## 1.0 Quick look summary

Please note that this is designed to act as a quick reference guide only and is not intended to replace the need to read the full policy.

## 1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
1	15/01/2018	Policy reviewed and updated by the task and finish group, reviewed in line with UHL's uniform policy, other LPT relevant policies including Protective Work wear, Infection Control and Equality and Human rights.
2	03/05/2018	Changes made following consultation including Health and Safety and changes to work wear and uniform standards for all staff
3	10/07/2019	Policy reviewed and updated, reviewed in line with Northamptonshire Healthcare Foundation Trust Dress code policy, and discussion with the Head of Chaplaincy and Bereavement services.
4	02/12/2020	Changes made and updated in line with Covid-19 requirements and recommendations
5	24/05/2024	Policy reviewed in line with review date
5.1	23/10/24	Policy updated with comments and final copy now complete

For Further Information Contact:

Associate Director of Nursing and Quality  
Head of Infection Prevention and Control  
Directorate Heads of Nursing  
HR Business Partner

## 1.2 Key individuals involved in developing and consulting on the document

- Accountable Director – Interim Director of Nursing, AHPS & Quality, Deputy Director of Nursing & Quality
- Implementation Lead -
- Author(s)- Reviewed by Head of Infection Prevention and Control., Assistant Director for Nursing & Quality
- Core policy reviewer Group
- Wider Consultation – Infection Prevention & Control Assurance Group Members

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## Trust Policy experts

- Corporate Governance Lead with a responsibility for policies
- Head of Quality Governance and Quality Improvement
- Deputy Head of Nursing
- Equality and Diversity Lead
- Patient Safety Lead
- Patient Experience and Engagement Lead
- HR representative
- Health and Safety Representative
- Clinical Safety Officer
- Infection Control Representative
- Trust Secretary
- Head of Training and Development
- Suicide and Self Harm Lead

## 1.3 Governance

**Level 2 or 3 approving delivery group** – Infection Prevention and Control Assurance Committee

**Level 1 Committee to ratify policy** – Quality and Security Committee

## 1.4 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 promotes 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, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

If you would like a copy of this document in any other format, please contact [lpt.corporateaffairs@nhs.net](mailto:lpt.corporateaffairs@nhs.net)

## 1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

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## 1.6 Definitions that apply to this policy.

**Consent:** a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- be competent to take the particular decision.
- have received sufficient information to take it and not be acting under duress.

**Due Regard:** Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

**Clinical Activity:** work activity in a ward, health centre, LPT department, patient or client's own home and external venues during which a member is in direct contact with patients/clients, their medical equipment or immediate environment (including anywhere that clinical activity is being undertaken).

**Infection:** An organism present at a wound/site and causes inflammatory response or where an organism is present in a normally sterile site.

**Uniform:** Clothing of a distinctive design worn by members of a particular group as a means of identification.

**Work wear:** Clothes designed to be worn while working that complies with the requirements of the organisation and specific work roles.

**Personal Protective Equipment (PPE):** Protective clothing, helmets, gloves, face shields, goggles, facemasks and/or respirators or other equipment designed to protect the wearer from injury or the spread of infection or illness.

## 2.0 Purpose and Introduction

### 2.1 Purpose of this policy

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

Uniform or work wear must be fit for purpose, whether working on the organisations premises or elsewhere. The policy will be shared with commissioning services and other regulatory bodies for the expected standards of work wear when visiting clinical areas.

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All staff are required to appear presentable and smart in the workplace and must be:

**Safe:** Uniforms and clothing worn are practical, comfortable and meet Health and Safety at Work etc., Act (1974) and associated regulations.

**Protected:** Clinical staff uniforms and clothing meet Infection Prevention and Control (IPC) recommendations and bare below the elbow (BBE). The aim, to reduce the risk of cross infection and avoid staff contamination of clothes. Some staff may have specific clothing requirements depending on the nature of their work (e.g., pharmacy staff)

**Professional:** Ensuring that the individual promotes a clean, smart professional appearance, building public trust, confidence and promoting a positive image for the Trust and supports the trusts values and promotes individual professions and identity.

**Corporate:** Promoting a corporate image for uniformed and non-uniformed staff that encourages co-operation and a willingness to work together to achieve goals.

**Responsible:** It is the responsibility of every member of staff to ensure that their uniform is worn correctly, the dress for non-uniformed staff is of a professional standard, complies with BBE and that the image and behaviour presented to the public is of the highest professional standard at all times. Repeated failure to adhere to the standards of this policy will result in disciplinary action.

**Legal:** 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.
- Employment equality for staff in terms of age, disability, gender, sexual orientation, race and ethnicity, religion or belief and human rights

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

- **The Health and Safety at Work etc., Act 1974 – Sections 2 and 3 employers duties for:**

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 on the government website.
- **The Management of Health and Safety at Work Regulations 1999.**  
Specifically, regulations 3 & 5, the requirement to undertake suitable and sufficient risk assessment and provide information, instruction and training.

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- **Personal Protective Equipment Work (Amendment) Regulations 1992.**  
Where it is identified in a risk assessment for the protection of individuals, patients, staff, visitors PPE must be worn.
- **The Health and Social Care Act 2008 (updated 2015): 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.

### **3.0 Policy Requirements**

#### **3.1 Introduction**

Leicestershire Partnership NHS Trust (LPT) to be referred to as “the Trust.” The Work wear 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 trust wide guidance in the following key areas:

##### **3.1.1 Patient Safety:**

Effective hygiene and preventing infection are absolute in all healthcare settings. The clothes that staff wear should facilitate good practice and minimise any risk to patients. Uniforms and work wear must not impede effective hand hygiene and should prevent indirect contact with patients during direct/indirect patient care activity. Similarly, nothing should be worn that could compromise patient or staff safety or dignity during care.

##### **3.1.2 Public Confidence:**

Patients and the wider public should have complete confidence in the cleanliness and hygiene of their healthcare environment. Staff uniform or work wear 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.

Community or in-patient staffs who do not wear a dedicated uniform must adhere to the work wear standards to demonstrate a professional appearance, maintaining infection prevention and control adherence to promote and uphold a consistent approach to standards of care including BBE when working with patients.

##### **3.1.3 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 wear. This includes being

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able to dress in accordance with their cultural practices, where it does not conflict with the above principles and standards outlined in the policy.

### **3.1.4 Bare Below the Elbows (BBE) – How does it affect you?**

Current National and International guidance has consistently identified that effective hand decontamination results in significant reductions in the carriage of potential pathogens on the hands and therefore it is logical that the incidence of preventable Healthcare Associated Infection is decreased (Epic 3).

One of the Trusts objectives is to ensure all patients and service users receive harm free care through the delivery of the Trust's patient and service user safety programme across all inpatient services. To assist in achieving this objective staff must be compliant with effective hand decontamination and bare below the elbows. Bare below the elbows is identified as; hands and arms up to the elbow /mid forearm are exposed and free from clothing / jewellery (except plain wedding bands or a wedding bangle).

Frequent hand hygiene audits are carried out on all clinical staff to monitor adherence to policy.

### **3.2 General Principles for all staff**

It is acknowledged that not all staff who have regular contact with patients wear a uniform, however the following are a set of standards that apply to all staff irrespective of whether they wear a uniform or not but who work in areas where they come into contact with patients.

- 3.2.1 Employees must ensure that their garments are presentable, clean, and are suitable for their roles and responsibilities.
- 3.2.2 The clothes worn should be appropriate for attendance at work i.e., business type dress, uniform, smart casual, in good condition.
- 3.2.3 Staff should refer to their professional code of conduct on maintaining professionalism however the following is not permitted in any work area or when representing the Trust:
  - Low waistband trousers showing the abdomen/lower back allowing underwear to be visible, or casual leggings
  - Cropped tops, showing the abdomen/lower back,
  - Strapless or revealing tops,
  - Excessive jewellery other than jewellery stated in the policy,
  - Outfits which have slogans which may be offensive,
  - Any items of clothing worn in a clinical area that cannot be washed daily,
  - Other items which may not project a professional image, such as baseball caps, T-shirt with offensive language and hoodies with the hood up.
  - Staff must not express their personal beliefs (including political, religious, and moral beliefs) to other staff or patients in ways that exploit their vulnerability or are likely to cause them distress. This includes the wearing of clothes with logos or badges that express personal beliefs.

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### **3.3 Name badges/Ties/Belts**

- 3.3.1 All staff must always wear an ID badge which should show a current recognisable image. The ID badge should only be removed for safety reasons and the name badge ('Hello my Name is...' badge) worn to still show the staff members' name. Employees working in the community must always carry their ID badges with them and this must be visible when on duty or acting in an official capacity representing the Trust
- 3.3.2 If worn, neck lanyards must have minimum of a 3 pointbreak. Lanyards should be laundered on a regular basis. If the lanyard becomes visibly soiled it must be changed as soon as practicably possible. Pin badges on lanyards must be kept to a minimum to prevent injury and IPC risk.
- 3.3.3 Ties may be worn, but must be tucked into a shirt if worn within a clinical environment
- 3.3.4 Belts are required to be worn in some areas of Mental Health, LDA and ED services.
- Acute wards: straps with keys attached must be attached to a person's own belt/belt loops, using the straps provided by the Trust.
  - Forensic and PICU: keys should be attached via Trust issued belt, pouch and straps.
  - Rehab, MHSOP & HD: no belts or straps are required.

### **3.4 Hair, hair attire and Beards**

- 3.4.1 Hair and beards should be neat and clean. Long hair should be tied up and secured and when handling food or when undertaking physical or clinical interventions with service users. Hair slides, clips and other fastenings must be discreet.
- 3.4.2 Hats and caps, for example baseball cap should be removed when inside a Trust building and when interacting with patients either in a clinical setting or in their homes.
- 3.4.3 Due to cultural/religious beliefs there are some staff who wear head attire, for example head scarves/turbans – these must be maintained in a clean, tidy condition, tucked inside uniform when giving clinical care and conform to Health and Safety and Security Regulations and Infection Prevention and control and be washed in line with this policy.

### **3.5 Jewellery**

- 3.5.1 To maintain a professional image in clinical and non-clinical areas jewellery should be kept to a minimum.
- 3.5.2 Any facial jewellery with the potential to snag must be removed, such as hooped rings, dangly earrings. Consider suitable safe alternatives for multiple piercing such as smaller bars, clear studs etc.

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- 3.5.3 One necklace can be worn that signifies religious belief or a medical alert. This must be on a long chain which is tucked securely out of sight.
- 3.5.4 Religious / cultural artefacts can be worn providing they are discreet and do not present an infection prevention issue. The Kirpan (small symbolic dagger worn by Sikhs under their clothing) may be worn dependent on an individual risk assessment, taking to consideration the risk to patient safety and area of work.
- 3.5.5 Rings with stones must not be worn in clinical areas as they compromise hand hygiene. Only one plain band ring is permitted. This includes non-clinical staff who are working in clinical area i.e., Reception Staff. In addition, jewellery, including watches, and all rings must be removed when entering a clinical area and if dealing directly with patients, in situations likely to cause injury to patients, staff or visitors.
- 3.5.6 Wrist watches, charity bangles, step trackers, fitbits and Rakhi (cotton thread worn on the wrist) must not be worn when undertaking clinical practice.
- 3.5.7 Body piercing should be covered where possible and kept to a minimum for health and safety reasons. Plain stud facial/body piercings may be worn as long as when worn they continue to portray a professional image and do not present a safety risk at work. Clear face studs could be used as an alternative. New piercings are an infection risk until fully healed and so these should be covered until then.
- 3.5.8 The Trust will not be liable for any injury sustained by an employee caused by the wearing of any jewellery.
- 3.5.9 The security of jewellery that an employee has been asked to remove remains the responsibility of the wearer. The Trust is not liable for any loss

### **3.6 Nails**

- 3.6.1 Fingernails must be kept clean, short, smooth, and natural, when nails are viewed from palm side, no nail should be visible beyond the fingertip, nail varnish, false nails, gel or infills should never be worn for staff working within a clinical role.
- 3.6.2 Particular attention should be paid to nails for those undertaking clinical procedures and handling food.
- 3.6.3 When undertaking clinical activity long sleeves must be rolled up to ensure bare below elbow. This is to promote good hand hygiene practice

### **3.7 Make-up, Perfume and Fragrances**

- 3.7.1 In order to promote a professional appearance staff should keep make-up and fragrances to reasonable amount.
- 3.7.2 False eyelashes (including stick on and extensions) must not be worn as these are at risk of becoming detached and falling onto patients.

### **3.8 Tattoos**

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3.8.1 Where tattoos could be deemed to be offensive to patients or colleagues, they should be appropriately covered where possible.

### **3.9 Footwear**

3.9.1 Footwear/ Shoes Safety footwear, where provided, must be worn at all times.

3.9.2 Where safety footwear is not provided, staff who wear a uniform and/or work in a clinical environment/ deliver clinical care must wear appropriate closed toe footwear.

- Local considerations will include things like anti-static and anti-slip footwear.
- Staff are not permitted to wear flip flops, thong style/open toe sandals, canvas style pumps, high heels (heel height >3 inches or 7cm) and beach shoes.
- Trainers are not permitted unless this has been authorised by the responsible Divisional Management Team for specific specialist roles or activities. If worn they must be black, wipe able, smart, clean and logo free.

3.9.3 Staff who work in a non-clinical environment (office) predominantly but may be required to enter a clinical environment should also comply with the footwear guidance as above.

3.9.4 Staff must wear footwear appropriate to the environment in which they are working and the job they perform.

3.9.5 All line managers must be pragmatic in their approach as on occasions it may be necessary for staff to deviate from the agreed footwear on medical grounds. Options must be discussed, and a risk assessment completed.

3.9.4 Generally overshoes are not recommended however, if community teams are required to wear overshoes due to patient triggers/families, the health and safety team can be contacted to advise on accessing slip reduction overshoes.

### **3.10 Outer garments**

3.10.1 No outer garments for example jackets should be worn in clinical areas or when interacting with patients, for example on the ward. Where staff wear fleeces and cardigans they must be removed when undertaking a clinical intervention.

3.10.2 Staff on community visits can wear appropriate coat or jackets in patients' homes; these must however be removed prior to undertaking any clinical care

### **3.11 Uniform**

3.11.1 Uniform is provided by the Trust as protective clothing for use on duty and remains the property of the Trust at all times.

3.11.2 When wearing uniform members of staff should remember that the image of their professional group as well as the Trust is influenced by their appearance and behaviour.

3.11.3 Staff who smoke must not smoke in uniform or be identifiable as a health care worker. For further details refer to the Smoke Free policy.

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3.11.4 Any amendment to this policy due to extreme heat conditions, e.g., a decision to allow plain t-shirts to be worn or tailored shorts to be worn in community settings, will be at the discretion of the Chief Nurse. However, managers should feel empowered to make a decision and inform the Chief Nurse of their actions and reasoning. Resuming to usual work wear should occur as soon as possible as weather conditions normalise.

### **3.12 Uniform issue, replacement and disposal**

3.12.1 Managers are responsible for ensuring this policy is followed consistently and appropriately. It is not meant to be an exhaustive list of rules rather to give a general indication of the expected standards.

3.12.2 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.

3.12.3 Community based staff who are required to travel between their bases and patients as part of their daily work will be provided with the agreed outdoor coat/jacket. Cardigans and fleeces will not be provided as part of the routine uniform provision.

3.12.4 Replacement/disposal/recycling of uniforms should be requested/returned through LPT uniform. To contact them email [LPTUniform@nhs.net](mailto:LPTUniform@nhs.net)

3.12.5 Some members of staff may require a more individual approach to their clothing worn for work, for example pregnant women, certain religious groups, staff who have a physical disability or who have a medical need such as the Menopause. These needs must be discussed and agreed with their line manager once the appropriate risk assessment is undertaken, as an alternative uniform may be sourced such as a lightweight material. Any variation from this policy should be addressed through the documented risk assessment. This is to be carried out by the line manager, support by relevant expertise e.g., Human Resources, Occupational Health, Infection Prevention and Control and Health and Safety.

3.12.6 Every effort will be made to resolve any issues at a local level. Where the staff member and line manager disagree on the application of this policy, the matter should be referred to the next in-line manager. Staff that have reason to disagree with the imposition of a dress restriction will have recourse to the trusts Disputes Resolution in the Workplace Policy and Procedure.

## **4.0 Duties within the Organisation**

Responsibility for ensuring the Infection Prevention and Control Assurance Group identify learning and best practice to inform this Policy and update accordingly.

To ensure the policy is reviewed in accordance with identified timescale and implementation of monitoring and effectiveness has been planned and is reviewed by the Directorates and appropriate governance group.

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## **Lead Director**

- Will communicate, disseminate, and ensure Directorates commence implementation of the policy and provide assurance through the Trust's Quality Governance Framework.
- Ensure appropriate uniforms, health and safety equipment is available and provided for staff

## **Directors, Heads of Service**

- Responsible for ensuring all relevant staff are aware of the policy and adhere to the principles and guidelines contained within it.
- Ensuring that effective systems are in place to support appropriate risk assessment and care planning to manage those patients at risk as far as is reasonably practicable

## **Senior Managers, Matrons and Team Leads**

- Are responsible for ensuring implementation within their area, and for ensuring all staff who work within the area adhere to the principles at all times. Any deficits identified will be addressed.
- Act as role models and adhere to policy.
- To manage staff who fail to adhere to this policy and its associated procedures

## **Staff**

- Responsibility to minimise the spread of infection by complying with the requirements of this policy
- Each individual member of staff, substantive and temporary worker within the Trust is responsible for complying with this policy.
- Clinical and non-clinical staff will ensure they are familiar with the content of the policy and associated procedural guidelines, and work in accordance with these.
- Ensure to provide support and education to patients, carer, family where appropriate.
- Be a source of knowledge and skill for colleagues where appropriate.
- Ensure to remain to date with training in line with relevant competencies for job role.
- Inform their manager of any discretionary reasons they may need adjustments to be accommodated to this policy
- Wear any uniform and use protective equipment provided in accordance with the risk assessment
- Bring to the attention of the manager when uniforms have become worn or need repair/replacement
- Return any uniform or PPE to the manager when the individual leaves their post or no longer requires it

## **Infection Prevention and Control Team**

- Act as role models and adhere to policy.
- Identify any deviation from the policy to the relevant individuals and if necessary their line manager.

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- Support staff where deviation from the policy may be required due to physical or mental health needs.

## 5.0 Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed, and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision
- Remember that information
- Use the information to make the decision
- Communicate the decision

## 6.0 Monitoring Compliance and Effectiveness

6.1 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.

6.2 Line managers will monitor and address compliance with this policy across their area of responsibility.

Page/Section	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). Frequency of monitoring
Section 9 Page 9 -	Employees adhere to the uniform and work wear principles	Matron Spot Check IPC team audits	Directorate IPC meetings	IPC assurance group meeting

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Page/Section	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). Frequency of monitoring
Section 9 Page 9	Employees adhere to the Hand Hygiene policy	IPC Hand hygiene audits	Directorate IPC meetings	IPC assurance group meeting

## 7.0 References and Bibliography

7.1 The uniform and work wear policy was drafted with reference to the:

- UHL Uniform and Dress Code policy
- LPT IPC overarching policy
- LPT Hand Hygiene (including Bare Below the Elbows BBE) policy
- LPT Health and Safety Personal Protective Equipment Policy
- NHS Security Management Service (2020) Guidance on security measures to be included in ambulance trust uniform policy
- Northamptonshire Healthcare NHS Foundation Trust, Dress Code Policy – ICP019
- Uniforms and Work – Guidance on Uniform and Work wear policies for NHS employers
- LPT Equality and Human Rights Policy
- LPT Losses and Special Payment Policy

Department of Health (2007) Uniforms and Workwear: an evidence base for developing local policy, September

Epic 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England.

## 8.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

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Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

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## Appendix 1 Training Needs Analysis

<b>Training topic:</b>	Delete answers that are not applicable *	
Type of training: (see study leave policy)	Not Required^	
Directorate to which the training is applicable:	Adult Mental Health* Community Health Services * Enabling Services * Families Young People Children / Learning Disability/ Autism Services Hosted Services *	
Staff groups who require the training:	<i>Not required</i>	
Regularity of Update requirement:	<i>Not required</i>	
Who is responsible for delivery of this training?	<i>Not required</i>	
Have resources been identified?	<i>Not required</i>	
Has a training plan been agreed?	<i>Not required</i>	
Where will completion of this training be recorded?	ULearn * Other (please specify) *	
How is this training going to be monitored?	<i>Not required</i>	
<b>Signed by Learning and Development Approval name and date</b>		Date:

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## Appendix 2 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

**Shape its services around the needs and preferences of individual patients, their families and their carers Answer yes/no to all**

**Respond to different needs of different sectors of the population yes/no**

**Work continuously to improve quality services and to minimise errors yes/no**

**Support and value its staff yes/no**

**Work together with others to ensure a seamless service for patients yes/no**

**Help keep people healthy and work to reduce health inequalities yes/no**

**Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance yes/no**

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## Appendix 3 Due Regard Screening Template

<b>Section 1</b>			
Name of activity/proposal		Work wear and Uniform Policy	
Date Screening commenced		June 2024	
Directorate / Service carrying out the Assessment			
Name and role of person undertaking this Due Regard (Equality Analysis)		Emma Wallis, Deputy Director of Nursing and Quality	
Give an overview of the aims, objectives and purpose of the proposal:			
AIMS: 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.			
OBJECTIVES: To provide the organisations expected standards of work wear and uniform.			
<b>Section 2</b>			
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details		
Age	No expected impact		
Disability	Reference within the policy to adjustments to uniform and work wear when disabled		
Gender reassignment	No expected impact		
Marriage & Civil Partnership	No expected impact		
Pregnancy & Maternity	Reference within the policy to adjustments uniform and work wear uniform when pregnant		
Race	No impact expected		
Religion and Belief	References within the policy acknowledging religious and cultural beliefs and impact to uniform and work wear for example, Kirpan, Kara , head scarf, necklaces that signify religious belief.		
Sex	No expected impact		
Sexual Orientation	No expected impact		
Other equality groups?			
<b>Section 3</b>			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.			
Yes		✓ No	
High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B		Low risk: Go to Section 4.	
<b>Section 4</b>			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
Signed by reviewer/assessor	Amanda Hemsley	Date	August 2024
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	Emma Wallis	Date	August 2024

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## Appendix 4 Data Privacy Impact Assessment Screening

<p>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
<b>Name of Document:</b>	<b>Uniform and Workwear Policy</b>	
<b>Completed by:</b>	<b>Amanda Hemsley</b>	
<b>Job title</b>	<b>Head of Infection Prevention and Control</b>	<b>Date 05/06/24</b>
<b>Screening Questions</b>	<b>Yes / No</b>	<b>Explanatory Note</b>
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?		
<p><b>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via <a href="mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk">Lpt-dataprivacy@leicspart.secure.nhs.uk</a></b>  <b>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</b></p>		
<b>Data Privacy approval name:</b>		

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Date of approval	
------------------	--

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

## LPT Clinical Uniforms

[lptuniform@nhs.net](mailto:lptuniform@nhs.net)

### What is the reason for wearing a clinical uniform?

The employer provides clinical uniforms where there is a health and safety, and/or infection prevention control risk which has been assessed as requiring staff to wear specifically designed and safety tested clothing. The requirement for such a uniform is subject to change, for example during an infectious disease pandemic. Therefore, there will be some job roles that require to be supplied with a permanent clinical uniform and others where it may be supplied on a temporary basis in response to a change in clinical environments.

### What is the process for ordering clinical uniforms?

From 1<sup>st</sup> June 2020 a new centrally coordinated ordering system has been established. To order a clinical uniform please email [lptuniform@leicspart.nhs.uk](mailto:lptuniform@leicspart.nhs.uk). You will then be sent either an individual order form or a bulk order form depending on your request. Once complete, return it to the same email address for processing. All bank workers are required to order their new uniform via the online order form: <https://www.leicspart.nhs.uk/uniform-ordering-for-bank-staff/>

### What should I do with uniforms I no longer use?

Uniforms supplied by LPT to you are NHS property so when no longer in use must be returned. Please send them to: LPT Uniforms, Beaumont Leys ETC (NSPCC), 3 Gilmour Place, Beaumont Leys, Leicester.

### If I leave the Trust what happens to my uniforms?

If you are leaving employment in our Trust, your manager will request you return all uniforms the Trust has provided for you; please ensure they are returned to LPT Uniforms so that your records can reflect this. If you wish to keep your uniforms, then you will be charged the cost price for them.

### How many items can I have?

The number of items you can have depends on how many clinically facing working days you

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do in an average week or if you are working on the bank or require scrubs.

Working clinically 4-5 days	4 tunic tops or dress 3 trousers	Lanyards All clinical staff will be provided with x2 NHS lanyards to ensure they can be worn and washed. The lanyards will have a 3 break minimum
Working clinically 2-3 days	3 tunic tops or dress 3 trousers	
Bank Staff	3 tunic tops or dress 3 trousers	
Scrubs	3 tops 3 trousers	

### **How do I get a maternity or lightweight uniform?**

Please contact LPT Uniforms via the email address or call 07867 373749. You can exchange any of your current uniforms throughout your pregnancy for a size that suits you. When you return from maternity leave, please contact us prior to starting to exchange uniforms again.

### **Is there a choice of uniform suppliers?**

To ensure there is consistent supply to meet the Trust's demand for uniforms and standardisation across our services, uniform suppliers are managed centrally between procurement and the LPT Uniform Service.

### **Is it possible to have uniforms altered?**

Yes, this can be booked through LPT Uniforms. We currently have a group of volunteers offering to help with alterations.

### **Is there an option to wear a different style of uniform?**

The style (fit and cut) of uniform is determined by the work activity, infection prevention and control and health and safety requirements for each role.

### **Can I buy my own uniform and the Trust repays me?**

The Trust may have a different purchase price to the one an individual off the shelf orders. Therefore, any approved repayment may not be able to cover the full price. Any orders and repayments must be approved by LPT Uniforms in advance of personal purchases.

### **Can I wear my own trousers?**

The uniform provided for you is approved for use in clinical areas and supports effective infection prevention and control and health and safety. The items can all be washed and treated at the necessary temperatures. If you have a uniform from another trust you would like to wear these must be approved by the LPT uniform before use. If you wear your own trousers, they must meet the requirements as identified within this policy.

### **Can I claim any costs for cleaning my own uniforms?**

You may be able to claim tax relief on the cost of cleaning, repairing or replacing specialist

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clothing (for example, a uniform or safety boots). For further information follow this link: <https://www.gov.uk/tax-relief-for-employees/uniforms-work-clothing-and-tools>

### **Will I be supplied with work shoes?**

Shoes are not supplied centrally by LPT uniforms. Please discuss with your manager your requirements and follow the workwear and uniform policy on footwear.

### **Is it possible to have embroidery on the uniform?**

There are some services for whom embroidery on their uniform will come as standard. We are looking into this as an option for all uniforms but currently the majority will not be embroidered.

### **Will I be provided with outerwear as part of my uniform?**

Those staff working in the community, required as part of their role to travel to and from different sites to provide clinical care, will be provided with a winter coat. Other items such as cardigans, gilets and fleeces are not currently required as part of the Trust uniform and not supplied.

### **If my uniform is damaged or not suitable to wear what should I do?**

You can exchange your unwanted or unsuitable uniforms directly with LPT uniforms. Please arrange a time to return your item for a new item. Items for exchange will only be accepted if recently cleaned and bagged.

### **Is a lighter weight uniform available instead of regular uniforms?**

Yes. Most uniform colour schemes have tunics available in both regular and lightweight material. There are no dresses or trousers available currently in a lightweight material. You can exchange a tunic and trousers for a dress as an alternative to a lightweight tunic.

### **How do new starters to the Trust get a uniform?**

All new clinical starters will receive a uniform as part of their clinical induction. If their size is not available at this time, then a personal order will be made for them.

### **How long from ordering a new uniform before I receive it?**

If uniform is in stock, then we aim to dispatch with 7 working. The timelines are dependent on receiving full information from requester. If item is not in stock and are required to be ordered from our suppliers, our experience is that typically they arrive between 2 days to 6 weeks.

### **Do I change my uniform if I'm on secondment or acting up?**

Yes, if your new role has a different uniform then you can exchange your current uniform for your new job uniform. Please contact LPT uniform to arrange. On returning to your substantive post please return your uniform in exchange for your substantive jobs uniform colour scheme.

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### Can I wear shorts in the summer?

Certain clinical teams have approved the wearing of shorts when clinically appropriate as it is not appropriate for all job roles. If the wearing of shorts have been approved for wearing in your team, they must be worn at knee length and tailored.

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# Uniforms



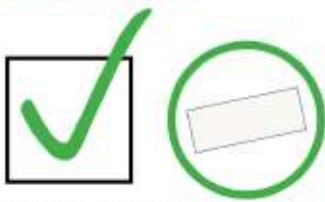
Leicestershire Partnership  
NHS Trust



**Hair** must be tied back if longer than shoulder length.



**Bare below elbow** t-shirts worn under tunics must be black/navy or match uniform colour. **No t-shirts sleeves visible under tunics. No polo neck t-shirts.**



**Belts and buckles** should be cleaned regularly.



**Trousers** must be full or three quarter length, smart black or navy. **No cargos, combats, jeans, leggings, jeggings or harem pants.**



**Shoes** low-heeled, closed shoes must be worn. They should be PVC or leather and black or brown. Black trainers can be worn by staff, but must be plain in colour and have antistatic soles and be able to withstand rigorous cleaning/washing. They must not be made of soft absorbent material. **No open shoes, backless shoes, Crocs or plimsoles.**



**No jewellery and watches** no jewellery other than a plain, smooth wedding band/ring and one pair of discreet, stud earrings.



**Make-up** minimal if any, make up or perfume.



**Nails** no nail varnish or false nails.



**Piercings / tattoos** plain stud facial/body piercings must not present a safety risk (consider clear studs as an alternative)  
No uncovered tattoos with language or images that could offend.

**How does your services / directorates measure up?**

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# Uniforms



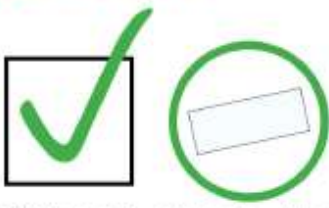
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## Work Wear and Uniform Audit

**Date:**

**Ward/Area:**

**Name of staff member completing the audit:**

	Yes	No	N/A	Comments
Trust ID badge is on display, clean and easily visible				
<p>Work wear is clean, smart, professional, appropriate and fit for purpose and there are none of the following:</p> <ul style="list-style-type: none"> <li>• Clothing with slogans</li> <li>• Cropped tops, miniskirts, low slung trousers, sweatshirts, football/rugby shirts</li> <li>• Vests/spaghetti strap/strapless tops or sundresses</li> <li>• Jeans, jogging*, tight fitting, leggings or combat trousers (unless clinically agreed), non-tailored shorts or denim</li> </ul> <p>*Physiotherapists may wear jogging bottoms</p>				
Hosiery should be either black, navy or flesh tone				
<p>Appropriate black or brown* footwear for the environment and the work activities they undertake.</p> <p>In clinical areas, footwear must:</p> <ul style="list-style-type: none"> <li>• Provide good foot support</li> <li>• Have a closed toe</li> <li>• Rubber/crepe soles for noise prevention</li> <li>• Non-slip</li> <li>• No more than a 1-inch heel.</li> </ul>				

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Black trainers may be worn if plain in colour, have antistatic soles and can withstand rigorous cleaning/washing. They must not be made of soft absorbent material.  *Physiotherapists may wear navy blue or white footwear				
Jewellery is compliant with trust policy* *Permitted jewellery: <ul style="list-style-type: none"> <li>• Plain wedding/civil partnership band</li> <li>• Metal Kara</li> <li>• 1 necklace that signifies religious belief or medical alert (long chain, tucked out of sight)</li> <li>• Stretched/gauged ears with solid plug or filler 4cm or less</li> <li>• The Kirpan (if an individual risk assessment has been completed)</li> </ul> *Non-permitted jewellery: <ul style="list-style-type: none"> <li>• Pierced facial jewellery that is hooped or dangles</li> <li>• Stretched/gauged ears with solid plug more than 4cm</li> <li>• Wrist watches, charity bangles, fitness/smart watches and the Rakhi (not to be worn when undertaking clinical practice)</li> </ul>				
Visible tattoos are not offensive or crude imagery				
Beards and moustaches are clean and tidy				
Good level of personal hygiene				
Bare Below the Elbow (BBE)				
Fingernails are clean, short and smooth.				

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<i>Nail varnish, extensions or false nails must not be worn in clinical settings</i>				
Hair is tidy and no longer than jaw length – must be tied back and up 'off the collar'. Long fringes must be clipped back to prevent swinging across the face.  <i>Hair/neck coverage for religious reasons are permitted if the material can withstand a 60-degree mechanical wash</i>				
Make up, perfume and aftershave are discreet				
Chewing gum whilst on duty				

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