

## Uniform Policy

### Clinical Uniform and All Staff Dress Code

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**Summary of Policy**

This new policy applies to all staff employed by Solent NHS Trust and other persons working within the organisation. It sets out the uniform and dress code principles for Solent NHS Trust and the expectations for professional appearance for both those whose role requires them to wear a Uniform and those staff who are not required to wear a uniform. It applies equally to those providing direct clinical care and those working in support roles.

The policy takes into account the expectations of the public in relation to NHS staff’s professional appearance. It also covers the health and safety and infection prevention and control requirements in relation to staff dress and appearance. The policy acknowledges personal and cultural diversity where this does not compromise the safety of patients or employees, or damage the professional standing of the individual or the organisation.

The Uniform specification is detailed in a separate document to take account of changes that may need to be implemented prior to the renewal date of this policy. However, any change to the specification requires the approval of the Chief Nurse via the Uniform Specification change form. Where the uniform specifications differs from that currently worn, introduction of the new uniform for existing staff will happen on a phased basis. Any exceptions must be with the agreement of the Chief Nurse.

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## **1. INTRODUCTION & PURPOSE**

- 1.1 This policy and procedure sets out the uniform and dress code principles for Solent NHS Trust. This policy has been introduced to protect the safety of patient/service users and employees by ensuring the uniform and appearance at work/dress code of employees complies with infection prevention and control requirements, Health and Safety legislation and to ensure that all employees present a clean, smart professional image. All employees are expected to portray a professional image to patients/service users and members of the public.
- 1.2 The policy acknowledges personal and cultural diversity where this does not compromise the safety of patients or employees, or damage the professional standing of the individual or the organisation. Employees are advised that any proposed deviation from this policy because of cultural, ethnic, religious and physical considerations must be agreed in consultation with the employee's line manager, Infection Prevention and Control, the Human Resources department and Health and Safety.
- 1.3 Failure to comply with the policy may lead to risks to patients and the employee and, therefore, repeated failure to adhere to the policy may result in disciplinary action being taken in accordance with the Trusts policy.
- 1.4 The policy describes standards for all employees and specific standards for employees directly involved in the delivery of care. As well as the general standards, there are additional, more stringent requirements for employees providing direct care, who may or may not be required to wear uniform. In order to comply with this policy, all direct care employees must have enough (i.e. sufficient for daily changes) sets of uniform to facilitate good practice in the area of infection prevention and control and health and safety.

## **2. SCOPE & DEFINITIONS**

- 2.1 This policy will apply to all corporate and non- clinical staff as well as clinical staff directly employed by the Trust, other than when specific conditions may apply. Requests for any variation must be made in writing by the service area manager and sent to the Chief Nurse for approval. The policy also applies to all trainees, students on placement, secondees and staff on honorary contracts or on joint contracts with the Trust and another employee. Where staff are required to wear Personal Protective Equipment, e.g. Estates, the local policy must be adhered to.
- 2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and Trust staff. As part of good employment practice, agency workers are also required to abide by the organisations policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking work for the organisation.
- 2.3 It is not the intention of the policy to compel anyone who does not currently wear a uniform to do so. However, all staff, clinical and non clinical who do not wear uniform are expected to comply with the dress code outlined in the policy.

## **3. PROCESS/REQUIREMENTS**

- 3.1 The purpose of the policy is to ensure that all employees are clear on the standard of appearance/dress expected while at work, whether uniform or non-uniform. The appearance at work /dress code details the standards and image which the Trust wishes to convey to all patients/clients, partners and members of the public. This policy outlines the legislation relating to dress code and uniforms within the workplace. This policy will be implemented to ensure that safe practice and a positive identity is adhered to.
- 3.2 In all cases, the following principles should be supported and promoted, in order to adhere to the recognised legal framework:
- Health, safety and well-being of patients/service users
  - Health, safety and well-being of employees
  - Infection prevention and control
  - Public confidence and professional image
  - Professional accountability, as defined by professional bodies/councils
- 3.3 The objectives of this policy are:
- To ensure employees maintain a positive professional image
  - To ensure employees wear clothing in line with the principles of this policy
  - To ensure that infection prevention and control and health and safety issues are addressed
  - To ensure that service users are confident with the policy

#### **4. DRESS CODE ALL STAFF –GENERAL PRINCIPLES**

##### **4.1 Personal Hygiene**

- 4.1.1 All employees should maintain a high level of personal hygiene and be well presented. The chewing of gum is prohibited in all areas. Nicotine gum can be used for the purposes of smoking cessation but never when dealing with patients, carers or the public (including phone calls).

##### **4.2 Identification Badges**

- 4.2.1 All employees must wear their Trust identification badges at all times in all areas of the organisation for security and identity purposes. Whilst not on duty, when away from Trust premises the ID badge should be covered or removed for personal safety reasons.
- 4.2.2 Identification badges will either be clip on badges or lanyards, as appropriate to the member of staff's clinical duties and uniform. Lanyards should be laundered as appropriate to maintain cleanliness.
- 4.2.3 Employees who are out in the community with patients should ensure that they have their ID badge on them in the event they are required to formally identify themselves.

##### **4.3 Nails**

- 4.3.1 Staff providing clinical care must not wear nail varnish or nail art whilst on duty. Finger nails should be kept short and clean. The wearing of false/acrylic/gel nails, nail varnish and nail adornments by staff providing clinical care is strictly forbidden as they pose infection prevention and control risk and health and safety risk.

#### **4.4 Hair**

4.4.1 Hair must be clean and well groomed. For staff providing clinical care it must be off the collar and a style that does not require frequent re-adjustment. Keeping hair off the collar reduces the incidence of bacterial growth around the collar areas. Uniformed staff must have their hair tied back if longer than shoulder length. Where hair clips are worn, they must not have the potential to injure employees or patients, and must comply with health and safety and infection control standards. The use of hair colourant is an individual choice but should not be of a colour that draws undue attention- staff should consider patient's expectations of professional image.

4.4.2 Beards must be neatly trimmed unless it reflects religious belief where it must be tidy.

#### **4.5 Jewellery**

4.5.1 All employees should ensure that their permitted jewellery is minimal, following the bare below the elbow principle, so that it does not pose a risk to themselves or others and promotes a professional image. Facial piercing should remain discreet and facial jewellery should be plain and flat. This is to avoid potential harm and also to present a professional image. Any piercings or jewellery which may cause an infection prevention control hazard must therefore be covered or removed.

Care/clinical staff may wear a plain ring (see section 11.1) and one small pair of plain stud earrings. Wrist watches must be removed at the start of the working day/shift when giving direct patient care. No necklaces, bracelets or anklets are to be worn. The only exception is a medical alert.

#### **4.6 Make up and Perfume**

4.6.1 Make up must be kept to a minimum. The use of strong fragrances should be avoided. Line Managers will use their discretion to discuss with staff members who may be unaware of the strength of their fragrance. Staff in clinical areas should wear no perfume to avoid discomfort to patients and potential allergic reactions. False eyelashes may not be worn by staff working in direct patient contact.

#### **4.7 Tattoos**

4.7.1 Where present tattoos should not be offensive to others and where they may be deemed to be offensive, they should be covered with an appropriate waterproof dressing provided by the individual. It is the responsibility of Line Managers to ensure that dress code complies with health and safety regulations and the Trust Uniform policy. Staff should complete a risk assessment with their line manager to consider whether a tattoo should be covered up. New tattoos must be covered with a waterproof dressing provided by the individual until they are healed. Therefore when working in an area where bare below the elbows is required individuals should refrain from having a new tattoo on the forearms, wrists or hands as this will cause risk to the individual and patients whilst healing. It will hinder good hand hygiene practice and bare below the elbow principles.

#### **4.8 Footwear**

- 4.8.1 Footwear must be clean and in good repair, suitable for the work task and of a style that is not hazardous to either patient or staff member. For staff working in clinical areas shoes should be soft soled and closed toe. Backless and/or open toe shoes or sandals and mules/ clogs / shoes of a croc- type style must not be worn for clinical care as these constitute a hazard (Manual Handling Operational Regulations, 1992). Clinical staff who wear uniform should wear black leather or leather type impermeable shoes with a rubber non-slip sole and low heel which give adequate support and are strong enough to prevent damage to toes should anything be dropped on the feet. They should be lace up or slip on full shoes. Smart trainers (black or white), that are non-permeable and preferably minus any logos (or with discreet logos) are permitted in appropriate clinical settings, such as physiotherapy gym areas. This will be with the agreement of the service manager. In extreme weather community staff may need to over-ride these requirements for safety reasons (e.g. walking boots in snow).
- 4.8.2 Footwear is provided by the individual. If alternative footwear is required for medical purposes, the individual will be required to provide medical evidence and be required to have an Occupational Health Assessment.
- 4.8.3 Shoes for non-clinical staff should be professional and smart. Training shoes must not be worn unless approved by the line manager.

## **5. CLINICAL & NON CLINICAL STAFF WHO DO NOT WEAR UNIFORM – DRESS CODE FOR WORK**

- 5.1 Where a uniform is not a requirement of the role, it is important that employees dress in a professional manner. Employees who do not wear a formal uniform must dress in a manner that does not cause offence or embarrassment to patients or others with whom they come into contact.
- 5.2 Employees who wear their own clothes should ensure that they are suitable for work purposes; clean and in a good state of repair, and should look professional at all times.
- 5.3 Clothing that is unsuitable and must not be worn in the workplace:
- Clothes that are revealing and may cause embarrassment or offence
  - Clothes with logos or advertisements; sports clothing; shorts etc
  - Clothes that could be interpreted as intimidating or threatening, (.e.g. combat fatigues)
  - Ripped or torn clothing
  - Denim clothing in clinical areas. (It is recognised there may be some exceptions to this but this must be agreed by the line manager and be appropriate to the patient/client groups).
- 5.4 Depending on the job role clothing which covers the face may not be permitted.
- 5.5 Where an employee or applicant makes a specific request as part of a religious observance the Manager will adhere to the guidance from Human Resources and Occupational Health. Employees must ensure that they follow the principles outlined in Appendix 2.

## **6. CLINICAL STAFF WHO DO NOT WEAR UNIFORM – ADDITIONAL REQUIREMENTS**

- 6.1 Clinical Staff who wear their own clothes rather than a uniform e.g. psychologists and doctors, when working in a care/clinical environment should adhere to the general

principles of the standards set out above. In particular, they should ensure that their clothes and shoes and permitted jewellery (where appropriate) do not pose a potential hazard to themselves, patients/service users, and other employees from both an infection prevention control and a health and safety perspective. Employees who wear their own clothes rather than a uniform when working in a clinical environment (which includes patient's home) should also ensure that they portray a professional image that is appropriate to the area of clinical care. Due to the range of clinical care specialisms, this will mean that a pragmatic approach to the application of the policy is necessary by the manager. The Chief Nurse will have overall responsibility to authorise any exceptions to this policy. Appropriate non-uniform in children's clinics may vary to what is professionally appropriate in hospital out-patient areas. Employees must ensure that they follow the principles outlined in Appendix 2.

## **7. CLINICAL STAFF WHO ARE REQUIRED TO WEAR A UNIFORM**

7.1 All employees who are required to wear a uniform must wear the uniform provided and agreed by the Trust. Uniforms will be supplied with the NHS logo. Staff Uniforms provided by an employer which have a permanent NHS Logo stitched to it and can clearly be recognised as a uniform, will mean that the individual will not have to pay tax on the cost of the uniform.

7.2 Employees are required to wash their own uniform as detailed in Laundry Guidance (see section 14).

7.3 For those employees who wear a uniform when working the following must be observed:

- Employees will be provided with an adequate number of uniforms by the Trust.
- The Trust will provide quality clothing that meets infection prevention and control and health and safety requirements, and reduces replacement costs.
- All uniform must be clean, ironed and presentable and employees should have access to a spare uniform in case of accidental contamination by blood, body fluids or any other noxious/toxic substance.
- In the case of gross contamination with body fluids the uniform should be disposed of as contaminated clinical waste.
- Employees must presume some degree of contamination following a shift, even on uniform or clothing which is not visibly soiled. Employees must therefore change out of their uniform promptly at the end of each shift. A clean and freshly laundered uniform must be worn daily.
- Employees must ensure that they follow the principles outlined in Appendix 3.

### **7.4 Wearing of clinical uniform whilst not at work**

7.4.1 Where locker room and changing facilities are available employees must travel to and from work in their own clothes. For area where changing facilities are not provided the uniform must be covered discreetly for the journey to and from the workplace, between patients or on an allocated work break when the employee is off site. The Trust acknowledges that community staff may not be able to effectively cover their uniform whilst travelling between patients in hot weather.

## **8. ADDITIONAL REQUIREMENTS FOR UNIFORMED EMPLOYEES WORKING IN CLINICAL AREAS.**



- 8.1 All direct care providing employees, when on duty, should wear their regulation uniform, in compliance with this policy. The uniform provided must be worn and maintained in a clean condition and in good repair.
- 8.2 Where there are no changing facilities the uniform must be covered discreetly for the journey to and from work and between patients.
- 8.3 Clothing should allow sufficient hip and shoulder movement for the safe moving and handling requirement of the job.
- 8.4 Stocking, tights and socks (blue, black or neutral) should not detract from the overall appearance of the uniform.
- 8.5 Neck ties should be tucked in or removed during any care activity which involves patient contact.
- 8.6 Washable navy or black cardigans/fleeces may be worn but not when in care/clinical areas/patient areas and/or attending to patients.  
Clean and dirty/contaminated uniforms must not be stored or transported together because of the risk of cross-contamination. The range of items supplied will be determined by the service manager. Items supplied must comply with this policy.
- 8.7 Polo shirts are not an acceptable uniform except for staff who work in gym areas or when undertaking patient exercise programmes or for other specific clinical exceptions as agreed by the Chief Nurse.
- 8.8 Staff undertaking Prevention and Management of Violence Training, (PMVA), which is a physical restraint course, are required to wear appropriate gym gear. This would consist of a black embroidered polo shirt unique to the instructors, black tracksuit bottoms and black training shoes. This uniform would only be worn when training and would not be worn in any clinical areas. Staff undertaking this training would be required to wear suitable gym wear style clothing.
- 8.9 Where a head scarf or a veil is worn, as part of religious observance employees must ensure that the flow of the garment does not interfere with work practice. This must be changed on a daily basis to minimize cross infection.
- 8.10 Similarly, any employee who has a need for special consideration to be given to their appropriate clothing due to having a disability should bring this to the attention of their line manager, seeking support and guidance from Occupational Health, Infection Prevention and Control team and Human Resources as necessary.

## **9. NON -CLINICAL STAFF WHO ARE REQUIRED TO WEAR A UNIFORM**

- 9.1 All employees who are required to wear a uniform must wear the uniform provided and agreed by the Trust.
- 9.2 Non Clinical Staff who are required to wear a uniform are to comply with the General Principals stipulated in section 4 of this Policy.
- 9.3 Uniform & Personal Protective Equipment must be worn at all times while at work and be compliant with local departmental instructions. Deficiencies, unsuitable items and or uniform that is worse for wear must be reported immediately to their line managers.

## **10. RETURN/ RENEWAL OF UNIFORM**

10.1 Renewal of uniforms will be at the discretion of the line manager. Requests for new uniforms will be at the discretion of the line manager and all old uniforms must be returned when the new uniform is issued. Uniforms will be returned to the employee's line manager when employment ceases.

## **11. INFECTION PREVENTION AND CONTROL**

11.1 All employees working in a direct clinical role (regardless of whether they wear a uniform or not) MUST apply the 'bare below the elbow' principles whilst delivering care.

- All wrist and hand jewellery must be removed- except one plain ring with no stones or deep engraving
- No false nails, nail varnish or nail adornments
- No long sleeves below the elbow

11.2 When undertaking clinical procedures, long garments (e.g. cardigans) must be removed. Where long sleeved garments cannot be removed (i.e. blouses and shirts), it must be possible for the sleeves to be rolled up to above elbow height, and for them to remain up independently throughout the duration of the procedure. Good hand hygiene is well recognised as the single most effective way to reduce the risk of cross infection; however contact transfer of bacteria from uniforms leading to transmission of infection has also been recognised.

11.3 The organisation provides uniforms and personal protective clothing to all members of clinical staff. Employees must ensure that they use appropriate PPE (personal protective equipment) as required to reduce the risk of cross infection. Disposable aprons must be changed in – between patients, between episodes of care on one patient or before leaving the clinical area or patient's home in order to adhere to Infection Prevention and Control principles.

## **12. EXTREME WEATHER CONDITIONS**

12.1 Any amendment to this policy due to extreme heat conditions, e.g. a decision to allow tights not 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.

## **13. MOBILE TELEPHONES AND BLEEPS**

13.1 Employees engaged in clinical activity who are required to be available for contact via their work mobile phone should wherever possible deal with calls between patients visits. However it is recognised this is not always possible, e.g. when waiting for a clinically related call from a GP. Ring tones for work mobile phones should be discrete and appropriate. Personal safety and community lone working policies must be adhered to as the overriding priority.

13.2 Staff personal mobiles should be on silent or vibrate whilst working.

## **14. CLINICAL UNIFORM LAUNDRY, RELACEMENT AND DISPOSAL GUIDANCE**

- 14.1 Clinical staff who are required to wear a uniform will be provided with an adequate number of uniforms and managers will ensure that uniforms are requested correctly.
- 14.2 The following guidance should be followed when handling and decontaminating socially soiled uniforms:
- Wash separately from other items, in a washing machine at 60 degrees centigrade wash cycle.
  - Wash in a biological detergent in the quantities recommended by the manufacturer
  - Dry quickly or tumble dry and iron
  - Non uniformed direct/indirect care staff should ensure that items of clothing are able to be washed at the highest temperature that the clothing will tolerate.
  - Hand washing uniforms is ineffective and therefore not acceptable
- 14.3 Managers are responsible for ensuring collection of Uniforms from staff who are leaving the organisation. Managers will decide if the Uniform can be reallocated or if they should destroy the Uniform if it is no longer fit for purpose.
- 14.4 Staff leavers are responsible for returning freshly laundered uniforms to their Manager.
- 14.5 Managers will replace Uniforms that are no longer fit for purpose.

## **15. ROLES & RESPONSIBILITIES**

- 15.1 Managers and senior leaders must reinforce the standards within the parameters of this policy. This should be disseminated to all members of their teams and managers must ensure that teams understand and adhere to local protocol and the policy requirements. This includes ensuring that
- Any essential uniform or personal protective equipment identified as a result of a risk assessment is made available for use of staff.
  - Local protocols are written for staff to ensure compliance with the service risk assessment.
  - Any training required in order to ensure safe use of the equipment is provided.
  - Staff are monitored to ensure compliance with the risk assessment and training
  - The risk assessment is reviewed on an annual basis
  - Update training is provided as appropriate
  - Uniforms are only purchased from the approved Trust suppliers.
  - Ensure that employees are aware of and have access to the correct uniform for their area of work.
  - Replacement uniforms are provided as required and in agreement with the line manager and the employee
  - Take action where an employee does not comply with the dress code, appearance or uniform requirements set out in this policy
  - Complete the audit tool on an annual basis (Appendix 4).
- 15.2 Staff members must:
- Adhere to the standards of dress and personal appearance to their staff group and job role at all times
  - Maintain awareness and comply with this policy.
  - Inform their line manager in a timely manner should their uniform need replacing

- Inform their manger of any discretionary reasons they may need adjustments to be accommodated to this policy
- Comply with this and any other associated polices.
- Attend any training provided in relation to the safe use of personal protective equipment (PPE)
- Wear any uniform and use protective equipment provided in accordance with the risk assessment
- Make uniforms and equipment available for inspection on request of the manager
- Bring to the attention of the manger 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
- Notify the manager when they establish they are pregnant so that a maternity uniform can be provided in a timely manner.

### 15.3 Human Resources

15.3.1 The Human Resource department will provide guidance to managers and employees to ensure the policy is followed fairly and consistently.

15.3.2 Human Resources will offer support and advice to both managers and employees who wish to discuss a deviation from the policy due to cultural/religious/medical or personal reasons.

## 16. TRAINING

16.1 Solent NHS Trust recognises the importance of appropriate training for staff. For training requirements and refresher frequencies in relation to this policy subject matter, please refer to the Training Needs Analysis (TNA) on the intranet.

Staff groups requiring training	How often should this be undertaken	Length of training	Delivery method	Training delivered by whom
Managers	On revision of the policy or new appointments/promotions	N/A	Team brief	Line Managers
Human Resources	On appointment or revision the policy	N/A	On the job training/mentoring	Team Leaders/Heads of service
Staff side	On revision of the policy and at the Policy group	N/A	Team brief	Line managers

## 17. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

17.1 An Equality and Impact Assessment has been completed on this policy and there were no equality issues identified.

## 18. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

18.1 The requirements of this policy will be subject to annual audits .The audit tool can be found in Appendix 4.

- 18.2 Managers are required to report back to the service governance group their finding of the uniform and dress code audits, with action plans as appropriate.
- 18.3 If a member of staff does not meet the standards of dress code described in the policy, they will be asked not to wear the inappropriate item again. The Trust reserves the right to ask the staff member to go home and change into something more appropriate.
- 18.4 In circumstances where a staff member persistently breaches the guidelines in this policy, they may face action under the Trust's disciplinary procedure.

## **19. REVIEW**

- 19.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed on a three yearly basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.'

## **20. LINKS TO OTHER DOCUMENTS**

- 20.1 The main legislation that affects an organisation's response to the transmission of infection via uniforms or work wear is as follows:
- The Health and Safety at Work Act 1974 sections 2 and 3 .section 2 covers risks to employees and section 3 to others affected by their work e.g. patients.
  - The control of substances Hazardous to Health Regulations 2002 (COSHH).Further information about COSHH and its applicability to infection control can be found at [www.hse.gov.uk/biosafety/healthcare.htm](http://www.hse.gov.uk/biosafety/healthcare.htm)
  - Management of Health and Safety at work Regulations 1999 (Management Regulations), that extends the cover to patients and others affected by microbiological infections, and include control of infection measures.
  - "Securing Health together ",The Health and Safety Executive (HSE) long term strategy for occupational health, that commits HSE/Health and Safety Commission and their fellow signatories (including the Department of Health ) to a 20 % reduction in ill health caused by work activity by 2010.
  - Health Act 2005 Code of Practice, Duty 4 to maintain a clean and appropriate environment includes at section (g) that the supply and provision of linen and laundry reflects Health Service Guidance HSG95 (18), as revised from time to time and at section (h) that clothing (including uniforms) worn by staff when carrying out their duties is clean and fit for purpose.

## **21. REFERENCES**

- Department of Health: (2008) The Health and Social Care Act 2008: A Code of Practice for health and adult social care on the prevention and control of infections and regulated guidance. London. Department of Health
- Department of Health: (2007) Uniforms and Work wear: An evidence base for developing local policy. London. Department of Health 2007

- Department of Health: (2010) Uniforms and Work wear; Guidance on uniform and work wear policies for NHS employers. London Department of Health 2010
- Royal College Royal College of Nursing (2013) - Wipe it out- One Chance to get it right: Guidance on uniforms and work wear.

## Appendix 1

### Glossary of Terms

**Patient**-this term is used when referring to the NHS population as a whole. Also for the purpose of this policy it is used to mean, service user, resident, client etc.

**Direct care**-this term refers to employees in both clinical and non- clinical settings who give direct hands on patient care e.g. assisting with personal hygiene, giving injections etc.

**Non- direct care**- this term refers to employees who do not provide patient care, but may refer to employees who have access to/work with patient equipment/patient environment.

**Infection Prevention and Control**- is the prevention and management of infection through the application of research based knowledge to practices that include standards precautions, decontamination, waste management, surveillance and audit.

**PPE**- Personal Protective Equipment.

## Appendix 2

### Appearance Policy for All Staff Involved in Direct Clinical Care

POLICY	RATIONALE
<b>Hair:</b> Must be clean, neat and tidy off the face and off the collar even as a ponytail. Hair accessories and fastenings should be discreet and in keeping with staff uniform	Infection control
<b>Nails:</b> Must be clean and short. Nail varnish acrylic nails and false nails must not be worn	Infection control and patient safety
<b>Jewellery:</b> Only one plain metal band ring may be worn. No wristwatches are to be worn while involved in direct clinical care Medic-alert jewellery must be cleanable, plain and discreet	Infection control
<b>Piercings:</b> earrings: one pair of small plain metal studs only should be worn. All other visible body piercings must be covered.	Infection control Professional appearance is important for patient choice
<b>ID Badge:</b> As for all staff Trust ID Badges must be worn at all times in a clearly visible position preferable secured with a pin or clip.	Security policy
<b>Footwear:</b> Must be black, clean, plain, low heeled, non-porous, enclosed, in a good state of repair and have a non-slip tread. Only staff working in gym can wear black or white trainers.	Shoes in poor state of repair and those with no tread are a safety risk. Health and safety statutory requirement.
<b>Belts/epaulettes:</b> With or without buckles, if worn must be clean	Infection control
<b>Clothes</b> If own clothes are worn these should be smart and in good repair. An overall professional appearance should be maintained. No slogans which could be considered offensive should be worn. Short sleeve tops are recommended or long sleeved tops should be rolled up. Ties should be tucked in or removed. Denim and leggings should not be worn. Short skirts and low cut blouses/tops should not be worn.	Professional appearance Infection control techniques Health and safety
<b>Makeup and perfume:</b> Discreet makeup may be worn. Perfume and aftershaves must be subtle to prevent exacerbation of nausea in some patients	Promote professional appearance Patient and colleagues comfort
<b>Additional garments e.g. fleeces/cardigans:</b> Must <u>not</u> be worn when delivering direct patient care. fleece/cardigans that are worn must be of a plain dark colour, must not have any non-Trust logo's and be of smart appearance	Infection control Patient safety
<b>Personal hygiene:</b> staff must ensure they wash daily and wear deodorant if necessary	Promote professional appearance Patient and colleague comfort.



### Appearance Policy for All Staff not Involved in Direct Clinical Care

POLICY	RATIONAL
<b>Hair:</b> Must be clean, neat and tidy. Hair accessories and fastenings should be discreet	Corporate appearance
<b>Nails:</b> Nail varnish, acrylic nails and false nails must be discreet and enable the wearer to carry out their duties effectively	Corporate appearance Excessive nails can interfere with keyboard and other duties
<b>Jewellery &amp; makeup:</b> Should be discreet and in keeping with the overall appearance. Excessively long jewellery should be avoided	Corporate appearance
<b>Clothes:</b> All clothes should be smart and in good repair. An overall professional appearance should be maintained. No slogans which could be considered offensive should be worn, Denim and leggings should not be worn. Short skirts and low cut blouses/tops should not be worn.	Corporate appearance Health and safety
<b>Piercings:</b> Should be discreet and keeping with overall appearance	Corporate appearance
<b>ID Badge:</b> Trust ID badge must be worn at all times in a clearly visible position	Security policy
<b>Footwear:</b> Clean and in good state of repair, suitable for purpose and compliant with relevant health and safety requirements	Health and safety risk Corporate appearance

### Appendix 3

#### Audit Tool for Clinical Staff

<b>Department/Ward / Team:</b>		<b>Department/Ward Staff:</b>	
<b>Auditor's Name:</b>		<b>Date of Audit:</b>	
<b>Compliant Description</b>		<b>Yes Please score '1' for Yes</b>	<b>No Please score '0' for 'No'</b>
Is the member of staff 'bare below the elbows'?			
Is the uniform crease free?			
Is the uniform in good condition?			
If a belt buckle is worn, was it removed when moving and handling patients where injuries may be caused?			
Was hair clean, neat and tidy?			
Was long hair tied up at all times?			
Were hair fastenings minimal?			
Was uniform clean and odour free?			
Earrings: one pair of small plain stud earrings only?			
Rings: one plain ring band only?			
Were there no visible necklaces, chains, bracelets, ankle chains? This includes items in all metals or materials, including those worn for therapeutic purposes. (medic alerts can be worn)			
Was a Trust issued ID badge worn at all times? This should show a current recognizable image of the member of staff with the full name of the member of staff visible.			
Are shoes navy or black, low heeled with black non-slip soles and low noise soles/heels?			
Were shoes clean and well maintained?			
Are tights/stockings always worn (female staff) when wearing dresses/culottes dresses (should be neutral in colour with pale uniforms and black with dark uniform?. Exceptions to this are during hot weather is at the discretion of the Chief Nurse.			
Are outer garments e.g. cardigans/sweatshirts removed when attending patients?			
Are all outer garments of a suitable length when worn over tunics/dresses to cover the length of the garment			

(community based staff)		
Are nails short, clean and neat?		
Are nails free from varnish, false nails, nail extensions or nail Jewellery/gems?		
Does the member of staff have an adequate number of uniforms to allow a clean uniform to be worn each day?		
Is the supplied uniform worn?		
<b>Target Score =21</b>		

## Appendix 4

### Solent NHS Uniform Specification Change Request Form

This form must be submitted to the Chief Nurse to request a change to the Uniform Specification.

Requestor's name & title	
Service Line	
Location	
Name of Clinical Team	
Contact details : Telephone	
Email	
Date request submitted	

#### **Details of Change Request**

Please provide details of current uniform and change being requested
Please give reasons for this request

Cost Implication:	
Cost of Current Uniform	
Cost of Change request Uniform	
Number of Staff affected	
How would the change to the uniform be implemented e.g. all staff to change or phased implementation. Please provide full details.	
Name of Clinical Manager	

**Chief Nurse Decision**

Approved

Declined

**Signature and Date:** \_\_\_\_\_

## Appendix 5

### Equality Impact Assessment

<b>Step 1 – Scoping; identify the policies aims</b>	<b>Answer</b>
1. What are the main aims and objectives of the document?	To ensure all staff demonstrate a positive image of professionalism through personal appearance whether in uniform or out of uniform. Encouraging confidence in service users, patients and the general public as well as allowing easy identification of staff members
2. Who will be affected by it?	All employees of Solent NHS Trust
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Audit of the policy minimum of annually. All staff present a professional image within Solent NHS Trust
4. What information do you already have on the equality impact of this document?	
5. Are there demographic changes or trends locally to be considered?	Cultural and religious requirements
6. What other information do you need?	

<b>Step 2 - Assessing the Impact; consider the data and research</b>	<b>Yes</b>	<b>No</b>	<b>Answer (Evidence)</b>
1. Could the document unlawfully against any group?		x	Applicable to all staff
2. Can any group benefit or be excluded?		x	N/A
3. Can any group be denied fair & equal access to or treatment as a result of this document?		x	
4. Can this actively promote good relations with and between different groups?	x		
5. Have you carried out any consultation internally/externally with relevant individual groups?	x		Policy group Staff side representative
6. Have you used a variety of different methods of consultation/involvement	x		Staff group with representation from across service lines and professions. Consultation via meetings and correspondence
Mental Capacity Act implications		x	
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)		x	

If there is no negative impact – end the Impact Assessment here.

<b>Step 3 - Recommendations and Action Plans</b>	<b>Answer</b>
1. Is the impact low, medium or high?	

2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	

<b>Step 4- Implementation, Monitoring and Review</b>	<b>Answer</b>
1. What are the implementation and monitoring arrangements, including timescales?	
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	

<b>Step 5 - Publishing the Results</b>	<b>Answer</b>
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	

**\*\*Retain a copy and also include as an appendix to the document\*\***