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Which Aims of the Trust Apply? Please list from principles 1-7 which apply All apply	Which Ambitions of the Trust Apply? Please list from principles 1-7 which apply All apply
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1. SUMMARY

This document provides a comprehensive framework to ensure that all staff including volunteers of Lancashire Teaching Hospitals NHS Foundation Trust adhere to the defined standards and expectations described within.

2. PURPOSE

This policy sets out the standards of appearance required of the staff of Lancashire Teaching Hospitals NHS Foundation Trust.

3. SCOPE

The policy has general application throughout Lancashire Teaching Hospitals NHS Foundation Trust. It represents the governing principles outlined within the document which are fully supported in every respect by the Board of Directors. All members of staff are required to adhere to the principles involved as outlined within this document, together with any related procedures, which are enabled by this policy.

4. INTRODUCTION

This policy applies to all staff working in the Trust along with those on a secondment or placement from other departments, organisations and ALL student placements with the Trust.

The Trust wishes to ensure that the appearance of staff at work is professional at all times and meets the expectations of patients and their families, their peers and visitors and thus minimises risks to staff and patients and upholds the professional image of Lancashire Teaching Hospitals.

Wherever this policy refers to clinical areas/clinical contact, it should be understood that this means any area of the organisation (or location in which an employee may work e.g. within the community) in which patients are present to receive treatment, where clinicians attend procedures or in which clinicians/technicians prepare for these activities.

The objectives of the policy are to:

- a) Promote public confidence in healthcare staff.
- b) Enhance the image of the Trust as a professional and business-like organisation.
- c) Minimise the risk to staff and patients by compliance with relevant Health and Safety, Food Hygiene and Infection Prevention and Control of Infection validated local and national regulations.
- d) Provide for the easy identification of staff.
- e) Ensure compliance with: Uniforms and Workwear: guidance on uniform and work wear policies for NHS employers, DoH March 2010.
- f) Comply with The Health and Social Care Act 2008 Revised amendment 2014

5. ROLES AND RESPONSIBILITIES

- The Nursing and Midwifery Director is accountable to the Board of Directors for the compliance of the policy by non-medical staff.

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- The Medical Director is accountable to the Board of Directors for the compliance of the policy by medical staff and Medical Students.
- The Divisional Nursing and Midwifery Directors, the Associate Director for AHPs and Divisional Directors are responsible for the compliance of the policy by all staff members in their Divisions.
- Line Managers, Supervisors, Matrons and Ward and Department Managers are responsible for ensuring compliance of the policy within their areas of management control.
- All members of staff are expected to comply with the policy at all times.

6. HEALTH AND SAFETY

- 6.1 Uniforms and work wear are provided by the Trust to those members of staff who are required to wear a uniform in the course of their duties. Members of staff issued with uniforms are required to wear them not only as part of maintaining the professional image of the Trust, to support infection prevention practice and also for their own health and safety.

7. INFECTION PREVENTION AND CONTROL

- 7.1 Healthcare staff required to wear uniforms, will be issued with a sufficient supply to facilitate the laundering process and the availability of a clean uniform for each day.
- 7.2 Uniforms can become contaminated with micro-organisms during clinical duties. It is therefore essential that the disposable protective clothing (i.e. disposable plastic aprons) that is supplied for staff is used when providing direct patient care and/or when exposure to blood and body fluids is likely.
- 7.3 Disposable protective clothing must be changed between patients and tasks and hands cleansed in accordance with the hand hygiene procedure.
- 7.4 Healthcare staff should be aware that there is a small risk micro-organisms acquired from the clinical area might be transferred to other family members at home from their hands and uniform. Therefore, where possible, staff will avoid travelling to home from work in uniform.
- 7.5 If it is necessary to travel to work or home in uniform, healthcare staff must ensure that the uniform is completely covered regardless of weather conditions.
- 7.6 Staff travelling in their uniforms should ensure they have additional clothing i.e. a clean uniform or a set of their own clothes to wear for travelling should their uniform become soiled and need to be sent for decontamination.
- 7.7 Items of uniform that have become soiled with body substances present a risk of infection and need to be sent to the Trust's laundry service for laundering and thermal disinfection. They should not be taken home.
- 7.8 Staff wearing dresses should wear natural or black colour tights; however, in the months of July and August or during heatwaves, it is reasonable for staff to remove tights to balance comfort with the heat.
- 7.9 Staff groups, where wearing of shorts is permitted, must wear Trust issue knee length tailored shorts with dark socks that come to the ankle. Short wearing is permitted during the months of July and August or during heatwaves and in gym or garden settings.
- 7.10 All staff, in any clinical area, regardless of role must be bare below the elbow, have no wrist or hand jewellery other than one ring/wedding bangle that is a plain smooth band and have nothing other than natural short nails. This is to facilitate effective decontamination of hands. Cardigans should not be worn when delivering care to patients.
- 7.11 Being bare below the elbow during direct patient care activity, is based on International Best Practice, which is evidence based. The evidence identifies that undertaking clinical procedures, hands and wrists can become heavily colonised with bacteria from the patient and the environment. Therefore, safe and effective hand hygiene can only be undertaken

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when hands up to wrists are washed/decontaminated to reduce or remove that microbial load. This is best facilitated, when “Bare Below The Elbow”. This includes short nails excluding nail varnish and any artificial substances.

7.12 Jackets/coats/cardigans etc. should be removed when entering clinical areas to facilitate bare below the elbow and ties should either be removed or tucked into shirts.

NB: Direct patient care activity is defined in full in the appended DH guidance¹ attached to this policy, and includes **any activity that involves patient contact, e.g. examining patients in wards or outpatient clinics and in treatment and minor surgical procedure rooms when patients are being treated.** The **only** exception to the rule of ‘bare below the elbows’ is staff administering radioactive medication where they must adhere to the Ionising Radiation Regulations as well as adhering to Infection Prevention and Control procedures.

7.13 Clinical personnel that are not issued with a uniform (including medical staff) should wear clothing that does not present an infection risk within the clinical setting. As with uniforms, personal clothing worn at work:

- Will be clean and laundered.
- Will be capable of withstanding washing at higher temperatures and also minimise the adherence of contaminants and have minimal shedding (smooth fabrics such as cottons or polyester are preferred).
- Will avoid wool and acrylic fabrics with a thick pile, as there is evidence they readily colonise with higher levels of bacteria.

8. STANDARDS OF PERSONAL AND PROFESSIONAL APPEARANCE FOR ALL STAFF

A smart, professional image must be maintained by all staff working within the Trust, irrespective of whether they are in uniform or not.

All staff should be well groomed, with a standard of personal hygiene that does not emit offensive odours or appear unkempt. The clothes worn should be appropriate for attendance at work. Staff are reminded that that whilst sponsored by the Trust when attending courses or events, internally or externally organised, that they are representing the Trust and their appearance must reflect a suitable image at all times.

8.1 Clothing

Staff must ensure that clothes and accessories worn are well maintained, and comply with patient and public expectation.

The following items of clothing are examples of unacceptable clothing, either on grounds of health and safety or the Trusts public image:

- Denim jeans or skirts – all colours and styles
- Track suits
- Any type of shorts other than Trust issued tailored knee length
- Combat style trousers
- Leggings

¹ Uniforms and workwear: Guidance on uniform and workwear policies for NHS employers DH 2010

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- Overly tight or revealing clothes
- Clothing bearing inappropriate slogans
- Skirts/trousers that are sufficiently long that they touch the ground when walking
- Tops that show a bare midriff, allow an inappropriate amount of cleavage to be visible, or have 'spaghetti' straps.

** The medical records team will be exempt from this until a uniform is provided.

Skirts/dresses should be of a length that allows an appropriate range of movement and should not hinder staff during moving and handling procedures.

Cardigans/pullovers if worn in clinical areas, when not delivering patient care (e.g., updating notes at a desk) must have the sleeves rolled up and match the colour of the uniform or be navy blue or black.

In extreme hot weather local adaptations may be considered by line managers. However, all decisions must be risk assessed (and documented), reflect the general principles of appearance already outlined in this policy and must be fair to all genders.

It may be necessary to defer to local health and safety guidance or local risk assessments for staff undertaking activities that require specific clothing adjustments to maintain the member of staff safety e.g estates staff undertaking some duties that require arms to be covered.

¹ Uniforms and workwear: Guidance on uniform and workwear policies for NHS employers DH 2010

8.2 Hair

In Clinical areas and whilst wearing uniform at all times hair must be clean, off the collar and tidy at all times with the colour within natural choices.

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	Clinical areas (inc. out patients)	Non clinical areas
8.3 Fingernails	Fingernails must be short and nail varnish MUST not be worn. False, acrylic, gel or any other artificial nails are not permitted for any staff who access clinical areas or who work in clinical areas. Only natural short nails are permitted.	Staff not in clinical areas, wearing nail varnish should ensure that the nail varnish is well maintained.
8.4 Cosmetics and perfumes	Make-up must be discreet.	Make-up must be discreet.
8.5 Jewellery and Tattoos	<p>Only one ring or wedding bangle may be worn which must be a plain smooth band.</p> <p>Rings containing stones compromise hand hygiene and may cause skin trauma to patients, thus affecting Patient Safety.</p> <p>Earrings, if worn must be limited to one pair of studs only and worn one in each ear.</p> <p>Rings and /or studs in other body parts visible to patients are NOT permitted.</p> <p>Wristwatches, wrist jewellery or other wrist adornments must not be worn as this is not compatible with the National Standard of Bare Below The Elbow.</p> <p>Necklaces are not permitted due to the risk of strangulation.</p> <p>False eyelashes are not permitted.</p> <p>Offensive tattoos aligned to non inclusive communication are not permitted to be on display.</p>	<p>Jewellery, if worn, must be discrete, compatible with the maintenance of safety in the work area and not compromise the safety of the wearer.</p> <p>Staff should be bare below the elbows always in clinical areas.</p> <p>Long necklaces or dangling earrings must not be worn in clinical areas or in areas where there is the risk of contact with machinery.</p>
8.6 Headwear	<p>Turbans, kippots, and headscarves are supported on religious grounds. The latter should be above the shoulder, if not, short, either tucked and securely fastened so as to ensure it does not fall away from the body and worn unadorned and secured neatly so as not to interfere when delivering direct patient care, or working with equipment.</p> <p>The colour should be either black, navy, cream or white or the same colour as the uniform.</p>	<p>Turbans, kippots, and headscarves are supported on religious grounds.</p> <p>(See also section 5.9)</p>
8.7 Footwear	<p>**ONLY low heeled, soft soled, closed toe shoes in black or navy blue are to be worn by staff in uniform in all clinical areas.</p> <p>Where clogs are worn the supporting heel strap must be in place. Shoes MUST be cleanable and have non slip soles and heels no higher than 2.5cm (1 inch).</p> <p>Dark blue or black trainers are permitted with discreet logos.</p> <p>Full shoe black or navy blue crocs with no holes are permitted for staff in uniform .</p> <p>Crocs style shoes with holes on the forefoot area, flip flop style sandals and permeable canvas shoes are not permitted</p>	<p>Safety footwear, in line with guidance, where provided, must be worn in line with relevant risk assessment. Where safety footwear is not provided staff must wear footwear appropriate to the environment in which they are working and the job they perform. Staff are reminded that in the workplace very high heels or unsupported sandals can create a risk.</p> <p>Flip flop style sandals and canvas style shoes are not permitted.</p>

**** The phasing in of the footwear element of this policy will commence one year from the date it is published.**

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8.8 The following badges are approved:

- A Trust issued ID Badge which **must** be worn at all times, and positioned in such a way either with a clip or lanyard and be clearly visible so that patients families and other staff can easily identify individuals.
- A “Hello My Name Is” badge for the purposes of identification can be worn.
- Protection badges i.e. Radiation Dosimeter badges, where applicable
- Two other badges from the following may be worn:
 - Training Establishment Badge
 - Badge of Qualification
 - Professional Organisation / Union Badge
 - Specialist role/function

All badges must be removed in situations where they are likely to cause injury to patients, staff or visitors. Scissors and Pens if worn in a top pocket must be securely anchored.

Break away lanyards are permissible but must be removed when undertaking tasks where contact with wounds, bodily fluids may facilitate the lanyards as a vehicle to pick up and transmit micro-organisms.

8.9 Allowance on the grounds of religious or cultural beliefs

The wearing of items arising from religious norms is supported by the Trust, providing that the health and safety and security of patients are not compromised.

The wearing of items arising from cultural norms are usually supported by the Trust providing that the health and safety and security of patients is not compromised.

Staff who wear facial coverings for religious reasons must remove these while on duty. This is to ensure that the member of staff is identifiable, and to enhance engagement and communication with patients, visitor and colleagues.

Religious bangles can be worn as an equivalent to a wedding band. This should be pushed up the arm. Other religious artefacts may be worn about the person e.g. in a pocket or pushed up to / above the elbow and tucked under top sleeves.

Henna tattoos are permitted as long as hand, wrist, and forearm can be adequately washed.

9 LAUNDERING OF UNIFORMS AND WORKWEAR

It is the responsibility of each individual member of staff to ensure that their complete uniform is maintained in a clean, hygienic and presentable condition at all times.

9.1 If staff choose to launder uniforms at home, it is essential that the following guidance be followed.

- A ten minute wash cycle at 60°C is sufficient to remove most micro-organisms. Uniforms should be washed at the highest temperature suitable for the fabric.
- Normal washing powder/tablets should be used. It is not necessary to add any chemical to afford disinfection, i.e. bleach products

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- Home laundered items to be dried and ironed affording further thermal disinfection.
- Once ironed uniforms should be stored to reduce any risks of contamination.

10 PERSONAL PROTECTIVE EQUIPMENT

- 10.1 The Personal Protective Equipment (P.P.E.) at Work Regulations 1002 forms part of health and safety regulations implementing European Community (EC) Directives. It requires that P.P.E. is supplied and used at work wherever there are risks to health and safety that cannot be controlled in other ways. Items supplied by the Trust for this purpose include safety footwear, gloves, eye and ear protection, high visibility and weatherproof clothing. Further information regarding P.P.E can be obtained from your manager, risk assessments, Physical Risk Team and Trade Union Accredited Health and Safety Representative.
- 10.2 Personal protective equipment such as aprons/gowns, gloves, safety glasses and facemasks are available in all clinical areas. These will be worn as per the Trusts Infection Prevention and Control Policies, which are available on the intranet.
- 10.3 Catering services staffs have a separate departmental uniform policy that provides compliance with Food Hygiene legislation, which conform to the principles of this policy.

11 SPECIALIST CLINICAL AREAS

In some clinical areas uniforms may not be worn outside Trust premises. In addition all uniforms worn by staff in these areas **must** be washed by the Trust's laundry service and these must not be worn outside the trust. Your Manager will advise if these rules apply to your area of work. Where these rules are relevant the following will apply:

- 11.1 Only the Trust ID badge and protection badges (i.e. radiation dosimeter badges) may be worn.
- 11.2 Any footwear issued to staff, with the exception of footwear specifically for outside wear, will not as a rule, be worn outside the building. Should an emergency situation require this rule to be breached the contaminated footwear procedure must be followed on return to the department. Footwear contaminated with body fluids will be removed and cleaned at the first available opportunity by the wearer.
- 11.3 In some settings such as theatre, critical care, anaesthetics and the Emergency departments the wearing of 'scrubs' is the norm and as in the case of theatre is required.
- 11.4 The wearing of 'theatre scrubs' will, in the main be restricted to the relevant department and **must not be worn when travelling to and from home**. Certain circumstances such as: Pre-operative visiting, resuscitation team activity, and inter and intra-hospital transfers may require scrubs to be worn outside the designated area. Scrubs will be changed if they become soiled with blood or body fluids on return to the department or unit.
- 11.5 When wearing cloth reusable hats in theatre, a clean hat must be used and changed on at least a daily basis.
- 11.6 Where staff need to leave the department or unit for meetings, meals or for any other reason the department uniform may be worn in accordance with the following:
- Departmental shoes must be changed as above.
 - No hospital facemasks will be worn.
 - No theatre PPE hats to be worn.
- 11.7 Cardigans/sweatshirts must not be worn in theatre areas.
- 11.7 When participating in on call arrangements, scrub suits will not be used to sleep in.

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12 ADDITIONAL RULES FOR WEARING UNIFORM

- 12.1 Where possible staff will change on the premises, however, if this is not possible: staff, in order to protect them and others, the uniform must be completely covered with a jacket regardless of weather conditions and staff must travel straight home and change. It is acknowledged there are times when staff are delayed from leaving work thus impacting on essential carer responsibilities, (picking children up, providing care) in these circumstances, the uniform should be completely covered and the time limited. For safety, staff in uniform, off premises whilst travelling, should not be able to be identified as a healthcare professional.
- 12.2 Where staff whose duties require them to wear uniform and work off-site 9.1 applies.
- 12.3 Staff **must not** go shopping in uniform or engage in other activities outside of work whilst still in uniform.
- 12.4 Outer garments, e.g. cardigans, sweatshirts or fleeces, must not be worn in clinical areas to facilitate hand washing in line with the “bare below the elbows” national strategy.
- 12.5 In other circumstances where cardigans and sweatshirts are worn outside of the clinical area by uniformed staff they should be plain and of one colour. The standard colours for the teams below are:

Nursing and Midwifery Staff	-	Navy Blue
Clerical Staff	-	Navy Blue
Imaging Staff	-	Maroon
Occupational Therapists	-	Bottle Green
Physiotherapists	-	Navy Blue

Note: Cardigans and sweatshirts are not provided by the Trust as part of the Trust uniform

13 EMERGENCY PROVISION OF REPLACEMENT UNIFORM IN THE EVENT OF EXTREME CONTAMINATION

- 13.1 Between the hours of 7.30am and 4.00pm contact the Linen Unit on extension 3351(RPH) or 5218 (CDH) where a clean scrub suit will be made available to you.
- 13.2 Outside these hours contact the porter on duty who will access the linen unit and arrange for a replacement scrub suit to be made available.
- 13.3 The contaminated uniform must be placed in a red alginate bag inside a blue laundry bag and left at the appropriate collection point in order that it can be professionally cleaned and thermally disinfected.

14 SMOKING IN UNIFORM

- 14.1 As directed in the Trust No Smoking policy, smoking in uniform is not permitted on or off the Trust premises.

15 SPECIAL EXCEPTIONS

- 15.1 Divergence from wearing the standard uniform on grounds of physical risk or personal health must be formally risk assessed on an individual basis and approved by the Head of Department/Matron. This will occur only in exceptional circumstances. The Divisional Director and Dress Code Policy author must approve alternative attire prior to issue/use.

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15.2 The Trust values diversity and recognises that staff may have cultural concerns in respect of some elements of this policy. However, patient safety, their health and effective communication with them must remain the primary and overriding basis on which the content of this policy is determined.

16 PROCUREMENT AND PROVISION OF UNIFORMS

16.1 Centrally Funded, e.g. Nursing uniforms

The following procedure applies to centrally funded provision of uniform;

- Uniform request form raised by Accountable Line Manager
- Individual attends Linen room for measurement
- Linen Room orders uniform
- Uniform is delivered to Linen Room
- Uniform checked and identification marked by Linen Room staff
- Uniform issued to individual staff member by Linen Room staff.

16.2 Divisional/Department Funding e.g. Imaging

The following procedure applies to Division/department funded provision of uniform;

- Requisition raised in department/division
- Requisition sent to supplies department
- Supplies department liaise with Linen Room for verification of requisition
- Order placed by Supplies Department
- Uniform delivered to linen room
- Delivery checked and identification marked by linen room staff
- Linen room staff issue uniform to individual or department

16.3 Provision of Uniform during Pregnancy

On receipt of a uniform request form signed by the Manager, the sewing room staff will make alterations to uniforms on an individual basis for each member of staff as required.

On receipt of a uniform request form signed by the Manager, a new set of uniforms, as required, will be provided to staff returning to work following maternity leave.

17 STAFF LEAVING THE TRUST

Guidance reminding staff to return their uniforms, identity badges and car park passes is detailed in the Workforce Termination Guidance form and is sent by managers after receipt of notice from a member of staff.

It is the Managers responsibility to agree local arrangement to ensure that these items are returned by staff prior to their leaving the Trust.

18 AUDIT OF COMPLIANCE WITH POLICY

Compliance with this policy will be audited through the STAR Quality Assurance system and recorded on AMaT. Line Managers and shift leaders are responsible for ensuring any breaches of

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uniform policy are addressed immediately. Continuous breaches will be addressed using the disciplinary policy.

19 REFERENCES

RCN – Guidance on Uniforms and Workwear

Found at <https://www.rcn.org.uk/professional-development/publications/pub-002724>

HSE - Personal Protective Equipment Regulations and Guidance

www.hse.gov.uk/pUbns/priced/l25.pdf

ATTACHMENTS	
Number	Title
1	Uniforms and Workwear – DH guidance on uniform and workwear policies for NHS employers 2010
2	Equality, Diversity & Inclusion Impact Assessment Form

OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
	Infection Prevention and Control Policy

SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References
1	RCN – Guidance on Uniforms and Workwear Found at https://www.rcn.org.uk/professional-development/publications/pub-002724
2	HSE - Personal Protective Equipment Regulations and Guidance www.hse.gov.uk/pUbns/priced/l25.pdf
Bibliography	

DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition

CONSULTATION WITH STAFF AND PATIENTS	
Enter the names and job titles of staff and stakeholders that have contributed to the document	
This Policy was produced in consultation with:	
Executive Team	Nursing & Midwifery and AHP Board
Staff Side	Divisional Directors
Board Of Governors	Infection Prevention and Control Committee
JNCC	

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DISTRIBUTION PLAN	
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Previous document already being used?	Yes (Please delete as appropriate)
If yes, in what format and where?	Electronic, held on Heritage Library system
Proposed action to retrieve out-of-date copies of the document:	Existing document to be removed on publication of new document
To be disseminated to:	
Document Library	Yes
Proposed actions to communicate the document contents to staff:	Include in the LTHTR weekly Procedural documents communication– New documents uploaded to the Document Library Appropriate meetings as determined by the Nursing and Midwifery Director

TRAINING		
Is training required to be given due to the introduction of this policy? No * Please delete as required		
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AMENDMENT HISTORY				
Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
5	22 Feb 2018	Pg 5 no. 7.10	Sentence added to the end of the paragraph:- “Cardigans should not be worn when delivering care to patients.”	22 Feb 2021
5	22 Feb 2018	Pg 5 no. 7.12	Addition of the word “cardigan” in the first sentence after “Jackets/coats”	
5	22 Feb 2018	Pg 6 no. 8.1	Fourth paragraph, addition of sentence “when not delivering patient care (e.g., updating notes at a desk)” following “... in clinical areas”.	

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Introduction

In 2007, the Department of Health published the guidance document: *Uniforms and workwear: An evidence base for developing local policy*. Although the phrase never appeared in the text, it has become widely known as the 'bare below the elbows' guidance.

Since its publication, the guidance has been widely adopted throughout the NHS. It has been used to support the specific requirements of the Health and Social Care Act 2008 Code of Practice relating to uniform and workwear policies, and the need to ensure that they support effective hand hygiene.

A range of comments and feedback has been received from employers and staff as local policies have been implemented. This document takes account of the feedback and offers further advice on dealing with some of the cultural issues associated with workwear.

The revised guidance contains no significant changes, but offers some new and modified examples of good and poor practice. It reaffirms the principles set out in the original guidance, with a particular focus on how staff should be dressed during direct patient care activity. A definition of 'direct patient care activity' is set out in Appendix A.

The development of local uniform policies and dress codes remains the responsibility of individual organisations.

Note: This guidance does not cover Personal Protective Equipment (PPE) worn specifically to protect staff against one or more risks to their health or safety, for example disposable aprons. Trusts will need to decide locally where to draw the line between uniforms and PPE.

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The objectives: patient safety, public confidence, staff comfort

1. Patient safety

Effective hygiene and preventing infection are absolutes in all healthcare settings. Although there is no conclusive evidence that uniforms and workwear play a direct role in spreading infection, the clothes that staff wear should facilitate good practice and minimise any risk to patients. Uniforms and workwear should not impede effective hand hygiene, and should not unintentionally come into contact with patients during direct patient care activity. Similarly, nothing should be worn that could compromise patient or staff safety during care, for example false nails, rings, earrings other than studs, and necklaces. Local policies may allow a plain ring, such as a wedding ring.

2. Public confidence

Patients and the wider public should have complete confidence in the cleanliness and hygiene of their healthcare environment. The way staff dress is an important influence on people's overall perceptions of the standards of care they experience. Uniforms should be clean at all times, and professional in appearance. In addition, although there is no evidence that wearing uniforms outside work adds to infection risks, public attitudes indicate it is good practice for staff either to change at work, or to cover their uniforms as they travel to and from work.

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

3. Staff comfort

As far as possible, subject to the overriding requirements of patient safety and public confidence, staff should feel comfortable in their uniforms. This includes being able to dress in accordance with their cultural practices. For example, although exposure of the forearm is a necessary part of hand and wrist hygiene during direct patient care activity, the uniform code should allow for covering of the forearm at other times.

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The evidence base

The 2007 guidance was informed by two extensive literature reviews conducted by Thames Valley University (TVU1 and TVU2), and practical research on washing of uniform fabrics carried out at University College London Hospital (UCLH). It also incorporated recommendations from the Hand Hygiene Task Force (HHTF).

No evidence has emerged to challenge the findings of these reports.

TVU1: a literature review of evidence around the role of uniforms in the transfer of infections, and effectiveness of laundry methods in removing contamination.

TVU2: a literature review of evidence on how uniforms affect the image of individuals and the organisations they work for – and the importance that people attach to this.

UCLH: practical work to establish the effectiveness of domestic and commercial laundering methods in removing micro-organisms from uniform fabrics.

HHTF: the guidance includes recommendations from the Healthcare Infection Control Practices Advisory Committee and Hand Hygiene Task Force: *Morbidity and Mortality Weekly Report* 2002; 51 (No. RR-16).

The legal context

Legislation affecting uniforms and workwear has two main areas of focus:

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

The way in which local policies are designed and implemented can minimise the risk of any challenge to uniform and workwear codes. The key factors are:

- clarity of meaning, supported by practical examples of what is required;
- consistency in the application and observance of dress codes; and
- robust reasons for each requirement of the policy.

Employers should consult with staff on their uniform and workwear policies, and keep them under regular review.

Legislation that deals specifically with uniforms and workwear in healthcare settings is listed in Appendix C.

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Washing uniforms and workwear

All elements of the washing process contribute to the removal of micro-organisms on fabric. Detergents (washing powder or liquid) and agitation release any soiling from the clothes, which is then removed by sheer volume of water during rinsing. Temperature also plays a part.

Scientific observations and tests, literature reviews and expert opinion suggest that:

- there is little effective difference between domestic and commercial laundering in terms of removing micro-organisms from uniforms and workwear;
- washing with detergents at 30°C will remove most gram positive micro-organisms, including all meticillin-resistant *Staphylococcus aureus* (MRSA); and
- a 10-minute wash at 60°C is sufficient to remove almost all micro-organisms. In tests, only 0.1% of any *Clostridium difficile* spores remained. Microbiologists carrying out the research advise that this level of contamination on uniforms and workwear is not a cause for concern.

Good practice – evidence-based

These are recommended good practices based on evidence from the literature reviews, testing and effective hand hygiene procedures.

Good practice	Why	Source
Wear short-sleeved tops and do not wear white coats during patient care activity.	Cuffs at the wrist become heavily contaminated and are likely to come into contact with patients.	TVU1, TVU2
Change immediately if uniform or clothing becomes visibly soiled or contaminated.	Visible soiling may present an infection risk and will be disconcerting for patients.	TVU1, TVU2
Dress in a manner which inspires patient and public confidence.	People may use appearance as a proxy measure of professional competence.	TVU2
Change into and out of uniform at work, or cover uniform completely when travelling to and from work.	There is no evidence of an infection risk from travelling in uniform, but many people perceive it to be unhygienic.	TVU1, TVU2
Wear clear identifiers.	Patients like to know the names and roles of staff who are caring for them.	TVU1

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Good practice	Why	Source
Wash uniforms and clothing worn at work at the hottest temperature suitable for the fabric (trusts should take this into account before purchasing uniforms that can only be washed at low temperatures or are 'dry clean only').	A wash for 10 minutes at 60°C removes almost all micro-organisms. Washing with detergent at lower temperatures – down to 30°C – eliminates MRSA and most other micro-organisms.	UCLH
Clean washing machines and tumble driers regularly, in accordance with manufacturer's instructions.	Regular cleaning and maintenance will protect the machine's washing efficiency. Dirty or underperforming machines may lead to contamination of clothing, although there is no published evidence that this presents an infection risk.	UCLH
Have clean, short, unvarnished fingernails.	Clean nails are hygienic and look professional. Long nails are harder to keep clean and are a potential hazard.	HHTF
Tie long hair back off the collar.	Patients prefer to be treated by staff who have short or tidy hair, and are smartly presented.	TVU2

Poor practice – evidence-based

Poor practice	Why	Source
Go shopping in uniform, or engage in other activities outside work.	Even though there is no evidence of infection risk, people perceive there is one.	TVU2
Wear false nails during patient care activity.	False nails harbour micro-organisms and make effective hand hygiene more difficult.	HHTF
Wear any jewellery, including a wrist-watch, on the hands or wrists during direct patient care activity (local policies may allow a plain ring such as a wedding ring).*	Jewellery and watches can harbour micro-organisms and make effective hand hygiene more difficult.	HHTF

*For some clinical staff working outdoors, particularly ambulance teams, a wrist-watch may be essential. Where worn, these wrist-watches must be washable and be removed for hand washing.

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Good practice – common sense

These are examples of good practice which need no evidence base. They simply serve the three objectives of patient safety, public confidence and staff comfort.

Good practice	Why?
Wear soft-soled shoes, closed over the foot and toes.	Closed shoes offer protection from spills and dropped objects. Open shoes risk injury or contamination for staff. Soft soles reduce noise in wards.
Have at least enough uniforms available for staff to change each day.	Enables staff to start each day with a clean uniform.
Put on a clean uniform at the start of every shift.	Presents a professional appearance.
Do not overload the washing machine.	Overloading the machine will reduce wash efficiency.
Wash heavily soiled uniforms separately.	Separate washing will eliminate any possible cross-contamination from high levels of soiling, and enable the uniform to be washed at the highest recommended temperature.
Use posters or other visual aids to show who wears which uniform.	Patients and their visitors like to know who is looking after them. Uniforms will help them identify who they may wish to speak to.
Where, for religious reasons, members of staff wish to cover their forearms or wear a bracelet when not engaged in patient care, ensure that sleeves or bracelets can be pushed up the arm and secured in place for hand washing and direct patient care activity.*	Hand hygiene is paramount, and accidental contact of clothes or bracelets with patients is to be avoided.

*In a few instances, staff have expressed a preference for disposable over-sleeves – elasticated at the wrist and elbow – to cover forearms during patient care activity. Disposable over-sleeves can be worn where gloves are used, but strict adherence to washing hands and wrists must be observed before and after use. Over-sleeves must be discarded in exactly the same way as disposable gloves.

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Poor practice – common sense

Poor practice	Why?
Wear neckties/lanyards (other than bow-ties) during direct patient care activity.	Ties have been shown to be contaminated by pathogens, and can accidentally come into contact with patients. They are rarely laundered and play no part in patient care.
Carry pens, scissors or other sharp or hard objects in outside breast pockets.	They may cause injury or discomfort to patients during care activity. They should be carried inside clothing or in hip pockets.
Wear jewellery while on duty other than a smooth ring or plain stud earrings.	Necklaces, long or hoop earrings and rings present possible hazards for patients and staff. Conspicuous jewellery can be a distraction and at odds with presenting a professional image.
Wear numerous badges.	One or two badges denoting professional qualifications or memberships may be acceptable. Any more looks unprofessional and may present a safety hazard.
Wear prominent facial piercings or display tattoos.	The issue here is patient attitude and confidence in their care team. For many, particularly older patients, facial piercings and tattoos can be unsettling and distracting. However, tattoos on the forearms and hands must be left uncovered for hand hygiene during direct patient care activity.
Dress untidily and in an unprofessional manner.	Patients and visitors may equate untidy appearance with low professional competence and poor hygiene standards.

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Appendix A

Direct patient care activity

The detail of how staff are dressed is most important during patient care activity involving direct contact with patients and their close environment. This includes activity in the following settings:

On the ward

- In the patient area.
- In any activity that involves patient contact.
- Moving between areas within a ward.

In out-patient clinics

Any activity that involves patient contact, for example:

- examining patients;
- wound care; and
- collecting samples for testing.

In treatment and minor surgical procedure rooms

At all times when patients are being treated.

In clinical areas with specific dress requirements

- In operating theatres.
- In intensive/critical care units.
- A&E departments.

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

- before patient contact;
- before aseptic tasks;
- after risk of body fluid exposure;
- after patient contact; and
- after contact with a patient's surroundings.

*Based on the *My 5 moments for Hand Hygiene*, www.who.int/gpsc/5may/background/5moments/en/index.html
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Appendix B

Advice from Muslim Spiritual Care Provision in the NHS (MSCP)*

Exposure of the forearms is not acceptable to some staff because of their Islamic faith. In response to these and other concerns, the MSCP convened a group including Islamic scholars and chaplains and multi-faith representatives as well as Department of Health policy-makers and external experts in infection prevention. Based on these group discussions, the MSCP prepared a list of recommendations to ensure that local dress code policies are sensitive to the obligations of Muslims and other faith groups whilst maintaining equivalent standards of hygiene.

Incorporating any of these recommendations into trust policy will have to be agreed in conjunction with clinical managers and the local infection prevention and control team:

- Uniforms may include provision for sleeves that can be full length when staff are not engaged in direct patient care activity.
- Uniforms can have three-quarter length sleeves.
- Any full or three-quarter length sleeves must not be loose or dangling. They must be able to be rolled or pulled back and kept securely in place during hand-washing and direct patient care activity.
- Disposable over-sleeves, elasticated at the elbow and wrist, may be used but must be put on and discarded in exactly the same way as disposable gloves. Strict procedures for washing hands and wrists must still be observed.

Use of hand disinfection gels containing synthetic alcohol does not fall within the Muslim prohibition against natural alcohol (from fermented fruit or grain).

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Appendix C

The legal context

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

- **The Health and Safety at Work Act 1974, Sections 2 and 3.** Section 2 concerns risks to employees. Section 3 concerns risks to others affected by their work.
- **The Control of Substances Hazardous to Health (COSHH) Regulations 2002.** Information about the relevance of COSHH regulations for infection control is available at www.hse.gov.uk/biosafety/healthcare.htm
- **The Management of Health and Safety at Work Regulations 1999.** These regulations cover patients and others exposed to microbiological infections, and include infection control measures.
- **Securing Health Together, the Health and Safety Executive (HSE) long-term strategy for occupational health.**
- **The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance.** This requires that uniform and workwear policies ensure the clothing worn by staff when carrying out their duties is clean and fit for purpose and that such policies should specifically support good hand hygiene.

Employers should also be aware of the provisions of equality and diversity legislation. Valuable guidance on this issue is available at www.nhsemployers.org/EmploymentPolicyAndPractice/EqualityAndDiversity

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Equality, Diversity & Inclusion Impact Assessment Form

Department/Function	Trust wide			
Lead Assessor	Gail Naylor			
What is being assessed?	Impact of introduction of the policy			
Date of assessment	14/12/2017			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input type="checkbox"/>	Staff Side Colleagues	<input checked="" type="checkbox"/>
	Service Users	<input type="checkbox"/>	Staff Inclusion Network/s	<input type="checkbox"/>
	Personal Fair Diverse Champions	<input type="checkbox"/>	Other (Inc. external orgs)	<input checked="" type="checkbox"/>
	Please give details:			

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
Race (All ethnic groups)	Positive	➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal? Policy is inclusive of all ethnic groups
Disability (Including physical and mental impairments)	Neutral	
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief (includes non belief)	Positive	Please refer to sections 8.6 and 8.9
Sexual orientation	Neutral	
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Positive	Please refer to section 16.3
Other (e.g. caring, human rights, social)	Neutral	

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2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	The policy has a positive impact, it is applicable across the Trust, including recognition of cultural and religious beliefs.
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<p>3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.</p> <ul style="list-style-type: none"> ➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups ➤ This should be reviewed annually.
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Action Plan Summary

Action	Lead	Timescale

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