

Policy Document

Reference: HR31

Professional Standards of Dress at Work

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| Version: | 7.1 |
| Date Ratified: | January 2022 by TJNCC |
| Minor Amends: | April 2024 |
| To Be Reviewed Before: | January 2025 |
| Policy Author: | Head of Employee Relations / Office of the Chief Nurse |
| Executive Lead: | Director of Human Resources |

Version Control Schedule

| Version | Issue Date | Comments |
|---------|---------------|---|
| 1 | November 2001 | Policy developed and approved |
| 2 | April 2008 | Policy reviewed |
| 3 | 24.08.12 | Revised policy produced by Task & Finish Group Final review and progress to ratification |
| 4 | March 2014 | Policy reviewed and ratified |
| 5 | November 2014 | Slight amendment to wording |
| 6 | June 2017 | Slight addition to wording. Amended to make gender neutral. |
| 7 | February 2022 | Review to modernise Personal Presentation Code and Uniform Code. Items removed if no link back to health and safety or infection prevention and control. |
| 7.1 | April 2024 | Removed section 1.10 from Appendix 1 regarding provision of waterproof, disposable oversleeves as these are no longer provided due to being an infection risk. Amended section 2.15 of Appendix 1 to clarify that these must remain above the elbow. |

Statement on Trust Policies

The latest version of 'Statement on Trust Policies' applies to this policy and can be accessed [here](#)

Review Form / Equality Impact Assessment (EIA)

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. The Equality Impact Analysis Form is designed to help consider the needs and assess the impact of each policy. To this end, EIAs will be undertaken for all policies.

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|---|--|
| Policy Reference, Title and Version Number | HR31 Professional Standards of Dress at Work V7 |
| Summary of changes made on this review | Substantial changes to remove anything not related to IC&C and H&S |
| Please list which service users, staff or other groups have been consulted with, in relation to this | PRG, Chief Nurse, Medical Director, Professional Heads, Chaplains |
| Were any amendments made as a result? If yes, please specify | Incorporated recommendations |
| Does this policy involve the administration or control of medicines? If yes, have the Safe Meds Group been consulted with? | N/A |
| Which Executive Director has been consulted on? | Director of HR, Chief Nurse, Medical Director |
| Does this policy have the potential to affect any of the groups listed below differently - please complete the below. Prompts for consideration are provided, but are not an exhaustive list | |

| Group | Is there a potential to impact on the group? (Yes/No/Unsure) | Please explain and give examples | Actions taken to mitigate negative impact (e.g. what action has been taken or will be taken, who is responsible for taking a future action, and when it will be completed by – may include adjustment to wording of policy or leaflet to mitigate) |
|--|---|---|---|
| Age (e.g. are specific age groups excluded? Would the same process affect age groups in different ways?) | No | | |
| Gender (e.g. is gender neutral language used in the way the policy or information leaflet is written?) | No | | |
| Race (e.g. any specific needs identified for certain groups such as dress, diet, individual care needs? Are interpretation and translation services required and do staff know how to book these?) | No | | |
| Religion & Belief (e.g. Jehovah Witness stance on blood transfusions; dietary needs that may conflict with medication offered) | Yes | | Policy clear that adaptations can be made to uniform for religious reasons |
| Sexual orientation (e.g. is inclusive language used? Are there different access/prevalence rates?) | No | | |

| Group | Is there a potential to impact on the group? (Yes/No/Unsure) | Please explain and give examples | Actions taken to mitigate negative impact (e.g. what action has been taken or will be taken, who is responsible for taking a future action, and when it will be completed by – may include adjustment to wording of policy or leaflet to mitigate) |
|--|--|----------------------------------|--|
| Pregnancy & Maternity (e.g. are procedures suitable for pregnant and/or breastfeeding women?) | Yes | | Policy clear that adaptations can be made to uniform for pregnancy |
| Marital status/civil partnership (e.g. would there be any difference because the individual is/is not married/in a civil partnership?) | No | | |
| Gender Reassignment (e.g. are there particular tests related to gender? Is confidentiality of the patient or staff member maintained?) | No | | |
| Human Rights (e.g. Does it uphold the principles of Fairness, Respect, Equality, Dignity and Autonomy?) | No | | |
| Carers (e.g. is sufficient notice built in so can take time off work to attend appointment?) | No | | |
| Socio/economic (e.g. would there be any requirement or expectation that may not be able to be met by those on low or limited income, such as costs incurred?) | No | | |
| Disability (e.g. are information/questionnaires/consent forms available in different formats upon request? Are waiting areas suitable?) Includes hearing and/or visual impairments, physical disability, neurodevelopmental impairments e.g. autism, mental health conditions, and long term conditions e.g. cancer. | No | | |
| Are there any adjustments that need to be made to ensure that people with disabilities have the same access to and outcomes from the service or employment activities as those without disabilities? (e.g. allow extra time for appointments, allow advocates to be present in the room, having access to visual aids, removing requirement to wait in unsuitable environments, etc.) | Yes/No | | |
| | No | | |
| Will this policy require a full impact assessment and action plan? (a full impact assessment will be required if you are unsure of the potential to affect a group differently, or if you believe there is a potential for it to affect a group differently and do not know how to mitigate against this - please contact the Corporate Governance Department for further information) | Yes/No | | |
| | No | | |

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1. INTRODUCTION

The way staff dress is an important influence on people's overall perceptions of the standards of care they experience. The Trust is a large organisation which employs a diverse range of staff. These staff undertake differing clinical and non-clinical activities and it is important that each employee has work wear which is appropriate to their role. It is acknowledged that this work wear will naturally vary between the different groups of staff, however, a set of guiding principles are needed to ensure acceptable standards are met. It is important that staff look professional, are identifiable, and wear clothes that are comfortable and safe for the work area.

2. POLICY STATEMENT

The purpose of this policy is to define clearly for all Trust staff, the principles that need to be followed to present a professional standard of dress at work. All Trust staff will dress and present themselves in a manner in line with health and safety, infection prevention and which promotes a positive professional image.

3. GENERAL PRINCIPLES

The following principles are important in ensuring a suitable personal presentation code is in place:

- 3.1. Present a smart and professional image to patients and the public in order to demonstrate a high standard of care. The attention paid to personal care is a reflection of the care afforded to others and upholds public confidence in the individual and the Trust.
- 3.2. All health and safety requirements of the work environment, identified through the risk assessment process, are met.
- 3.3. Safety and comfort.
- 3.4. Adherence to standards of decency, suitable for a general audience and will not include material that might reasonably be deemed offensive. Staff should not wear clothes that are too revealing or sexualised, or that have offensive, inappropriate or political messages, slogans or images.
- 3.5. Easily identifies members of staff to the public.
- 3.6. This policy should be read in conjunction with the following pieces of legislation and or policies:
 - Health and Safety at Work Act 1974
 - Personal Protective Equipment at Work Regulations 1992
 - Workplace (Health and Safety and Welfare) Regulations 1992
 - Manual Handling Operations Regulations 1992
 - Department of Health (2004) Standards for Better Health
 - National Health Service Executive (1995) Hospital Laundry arrangements for used and infected linen HSG(95)18
 - Department of Health – Uniforms and Work wear (2010)
 - Trust Policy for Infection Control Standard Precautions (IC02)
 - Hand Hygiene Procedure (IC03)
 - Uniforms and Workwear: guidance for NHS employers (April 2020)

4. SCOPE

4.1 Personal Presentation Code

This policy applies to everyone who works in the Trust, including bank, agency, contractors and locum staff irrespective of their position and whether they wear a uniform or not. The Trust expects

students and those on clinical placement to also follow this policy. The personal presentation code is outlined in Appendix 1 of this policy.

4.2 Uniform Code

Uniforms are worn by the majority of staff working in clinical and ancillary areas including bank, agency and locum staff. It is essential that the uniform allocated is worn, that it fits correctly and allows for free and proper movement. The uniform code is outlined in Appendix 1 of this policy.

5. PARTNERSHIP STATEMENT

The University Hospitals of North Midlands NHS Trust and the Trade Unions representing the workforce are committed to developing local collective bargaining machinery and agreeing a range of industrial relations policies. **The Trust and the trade unions are committed to working in partnership to achieve these and other Trust wide, local and national objectives.**

6. RESPONSIBILITIES

6.1. Managers

- 6.1.1. To direct staff on the dress code applicable to their area of work (see Appendix 1).
- 6.1.2. To manage the implementation and on-going adherence of this policy, including following the compliance process in Appendix 1.)
- 6.1.3. To ensure adequate supply of uniform and work wear to staff.

6.2. Individuals

- 6.2.1. To adhere to and to support the principles outlined in this policy, including the personal presentation and uniform codes in Appendix 1.
- 6.2.2. To support management in the effective implementation of and adherence to this policy.

6.3. Staff Side

- 6.3.1. It is the role of staff side to negotiate any concern or provide support on a member's behalf as necessary in relation to this policy.

7. INDIVIDUAL NEEDS

Some members of staff will require a more individual approach to their work wear. These staff may be, for example, pregnant women, the physically disabled or staff whose cultural and religious practices need to be respected. In these cases, the employee may be supported with a dress code that meets both their requirements and the principles detailed in Section 3 in this policy. If the change requested does not meet the principles in Section 3 then the member of staff wishing to make amendments to their work wear will need to complete the application form in Appendix 4 and meet with their line manager. If necessary line managers may wish to seek further guidance from professional leads, professional bodies and Employee Relations before agreeing modifications to professional standards of dress.

UHNM does not have a dress code that restricts employees' clothing or appearance on the basis of gender. Transgender and gender non-conforming employees have the right to comply with our dress codes in a manner consistent with their gender identity or gender expression. Our code explains our dress code expectations within the Trust.

8. EDUCATION, TRAINING AND PLAN OF IMPLEMENTATION

There is no specific training required in the implementation of this policy.

9. MONITORING & REVIEW

This policy will be reviewed every three years or sooner in the event of changing local or national guidance or legislation. Any future changes to uniforms outside of this policy should be agreed through the Trust Professional Advisory Group (PAG) via senior professional leads.

FOI ref 294-24125

1. PERSONAL PRESENTATION CODE – ALL STAFF

It is our aim to ensure that all staff present a professional image to the public at all times, promoting a high standard of personal care whilst feeling valued and having a fair and equitable quality of working life.

- 1.1. Staff should present themselves professionally at all times in both dress and manner. Clothing/work wear should be in a clean state and be free of body/environmental odours. Jeans, leggings, Lycra and denim clothes are not considered suitable work wear.
- 1.2. Staff should not be smoking on site (see Smoking Policy). Staff smoking outside of the hospital grounds whilst on meal breaks should ensure their work wear and trust identification is completely covered and they are not identifiable to the public as health care staff.
- 1.3. The use of recreational drugs or taking of alcohol is strictly forbidden during working hours and previous consumption should not be evident by odour or impact when at work.
- 1.4. Clothes should fit correctly in width and length e.g. not show any midriffs or be revealing of underwear. Skirts where worn should be of a sufficient length to promote dignity.
- 1.5. Shoes should be well fitting, allow functional movement and be appropriate to the work area with due regard for any work based risk assessments.
- 1.6. Any visible tattoos deemed to be offensive or discriminatory in nature could potentially be investigated using the Trust's Disciplinary Policy HR01..
- 1.7. Tattoos, scarification or branding must be kept covered until fully healed. Where this may contravene effective infection prevention and control measures, staff may be redeployed to a non-clinical area until deemed to be appropriately healed.
- 1.8. Staff who wish to wear a veil for religious reasons should remove this for verification of identity against their photo ID card if requested. A private appropriate space will be made available if this is required in order to protect the dignity of the employee.
- 1.9. All staff, regardless of role, must be bare below the elbow when entering a clinical area. Watches should not be worn, including smart watches and fitness devices, and all jewellery, other than a plain (non stoned) band, must be removed.

2. UNIFORM CODE

Uniform is required for the majority of staff in clinical areas.

Where a uniform is required, in addition to the personal presentation code above the following should be observed:

- 2.1. Line managers should ensure that their staff members are provided with the appropriate uniform for their role. Uniform will be a choice between tunic and trousers or dress, appropriate to the job role. Agreed work wear is supplied by the Trust. There is no cost involved to the individual.
- 2.2. On leaving the Trust, any uniform issued should be returned to the line manager.
- 2.3. Uniforms remain the property of UHNM but staff who are issued them are responsible for them and should report accidental loss or damage to their line manager. Uniform supplied by UHNM should be worn only for UHNM employment and cannot be worn for other employment or other purposes.

- 2.4. Uniform should be replaced as soon as it becomes worn, damaged, discoloured or soiled or when a more suitable size is required.
- 2.5. If staff members choose to wear a belt and buckle this must not restrict movement and must be clean and compliant with infection prevention principles.
- 2.6. Headscarves must be worn unadorned and secured neatly..
- 2.7. Neckties (other than bowties) and lanyards should not be worn during direct patient care activity.
- 2.8. A cleanly laundered uniform should be worn for every shift and changed immediately if visibly stained.
- 2.9. Whilst travelling to and from the place of work, uniform should not be visible. Uniform must not be worn when shopping or undertaking other domestic duties. This guidance may change during infection outbreaks as directed by Public Health England.
- 2.10. Hair should be worn neatly and in the case of long hair it should be tied back.
- 2.11. Nails should be short and clean and free from nail varnish, including gel polish and shellac. False nails are also prohibited in a clinical environment.
- 2.12. False eyelashes are prohibited in a clinical environment and also when working with food service or preparation.
- 2.13. For health and safety reasons plimsolls, Training Shoes, Crocs, Sandals and Clogs are not suitable or protective for staff working in clinical environments. Toe protectors should be worn in the appropriate environment.
- 2.14. Necklaces are not permitted. Only stud earrings are permitted in the clinical environment.
- 2.15. Where clinical staff are involved in the transfer of a patient to another ward/department they may wear a black or navy fleece or cardigan (self-funded) but these must remain above the elbow. These items should not be worn in clinical areas and must be removed before the delivery of direct patient care. Deviation from the policy must be risk assessed locally and signed off by DIPC.
- 2.16. Religious symbols which are culturally important to the individual may be worn but their visibility should not cause offence to patients, relatives or other staff and an element of personal discretion may be required. Such symbols should not be worn as a necklace and should not interfere with clinical activities. Staff who are required to wear a Kara (steel bangle) may do so provided that it is pushed up the arm and taped to enable effective clinical hand washing/decontamination.

Control of Infection guidance in relation to Uniform is located at Appendix 2.

3. NAME BADGES/TRUST IDENTITY CARDS

Whilst at work, name badges and trust identification cards should be worn and be visible at all times. There may however be exceptions to this e.g. in the interests of the employee's safety. Name badges should show the full name of the staff member with their role or designation stated.

Identification Cards should be visible and securely attached to the individual. Lanyards (if worn when not undertaking direct patient care activity) must be regularly cleaned and disinfected and disposed of if visibly stained. Lanyards where worn must contain a "grab" clip to ensure the lanyard is safely removed in accidental or conflict situations. Lanyards promoting UHNM functions or professional activities are acceptable but other external advertising is not permitted on the lanyard.

4. COMPLIANCE

Staff are personally responsible for their compliance with this policy and in seeking to promote a professional image it is expected will comply without recourse to formal management.

Ward & Department Managers should ensure staff comply with this policy and monitor staff adherence. In the case of none compliance an escalation process will be followed to include

Stage 1 – The line manager will speak privately and supportively to the staff member and ask them to comply. If the member of staff raises a specific and individual need for modification to the policy they should apply to their line manager stating the reasons. The line manager in consultation with their professional lead and Employee Relations will then consider this request within two weeks.

Stage 2 – If compliance with the policy is not achieved, the line manager will speak informally with the staff member and record this in writing.

Stage 3 – In cases of further none compliance formal management will commence in line with the Trust Disciplinary Policy.

CONTROL OF INFECTION GUIDANCE

Staff must presume some degree of contamination, even on clothing which is not visibly soiled and should ensure they change after every shift.

If staff are not able to change out of their uniform before leaving the Trust's premises they should ensure that the uniform is appropriately covered.

Hands must be washed after handling uniform fabric.

Uniforms must be carried separately from other items

Clean and dirty uniforms must not be transported together.

The use of protective clothing, including aprons, must be based on a risk assessment and published best practice guidelines. Plastic aprons must be worn in accordance with the infection control policy.

Where staff are responsible for laundering their uniform at home they should follow the Department of Health guidance of 2010

- **All elements of the washing process contribute to the removal of micro-organisms on fabric. Detergents (washing powder or liquid) and agitation release soiling from the clothes, which is then removed by sheer volume of water during rinsing**
- **There is little effective difference between domestic and commercial laundering in terms of removing micro-organisms from uniform and work wear.**
- **Washing with detergents at 30 degrees C will remove most gram positive micro-organisms, including all methicillin-resistant Staphylococcus aureus (MRSA)**
- **A 10 minute wash at 60 degrees C is sufficient to remove all micro-organisms including Clostridium difficile spores.**

STANDARDS OF DRESS IN THEATRE

The purpose of this local agreement is to clearly define principles to be followed regarding the wearing of clothes within the Theatre environment.

Theatre Uniform

Theatre attire is designed to minimise the transfer of micro-organisms from the mucous membranes, skin and hair of the surgical team to the patient. It also provides the surgical team with some protection from the patient. The theatre uniform is provided for all users working in the theatre environment.

There should always be sufficient supply of theatre clothing provided daily to all theatre areas. This consists of a two piece trouser suit and all staff should wash their hands before and after donning theatre attire.

Theatre attire should be removed when it becomes wet or soiled and placed into containers specially designed for contaminated laundry to reduce the potential for cross contamination.

Protective Clothing

Protective clothing provides a two way barrier. Types of protective clothing used in the theatre area are:

- Plastic Apron
- Non-strike through gown used for all sterile procedures
- Reinforced non-strike through gown used for all sterile procedures which involve excessive fluid loss.

If at any time the uniform is penetrated by bodily fluids or stained then the item of clothing should be replaced as soon as possible (see Standard Precautions-IP01b).

Staff should wear protective clothing i.e. plastic apron where indicated by clinic standards (see Standard Precautions-IP01b).

Gloves

The reasons for wearing gloves are:

- I) To protect hands from contamination with organic matter, micro-organism and chemicals.
- II) To reduce the risk of transmission of microorganisms to both patients and staff (see IP01b and HS09)

Disposable gloves should be worn, when direct contact with body fluids, non-intact skin and mucous membranes is anticipated.

Gloves are single use and must be discarded after each procedure, they must also be changed if they get punctured or torn (see Ip01b and HS09).

Masks and Eye Protection

The use of masks is variable and guidance should be provided by the individual directorate.

Masks and eye protection must be made available in each theatre suite and the risk of splash or aerosol contamination must be assessed. If necessary either mask and goggles or full face visor must be worn to prevent exposure from blood to body fluids to the skin and mucous membranes.

Headwear

Appropriate headwear should be available and donned prior to entering the theatre suite. A disposable hat is available for use in all theatre environments. Headwear should be changed daily unless it becomes soiled, when it must be changed immediately.

Jewellery

All jewellery must be removed whilst on duty in the theatre environment. The only exception being a plain wedding band.

Footwear

Only footwear provided by the Trust should be worn in theatre. It is the individual practitioner's responsibility to ensure their footwear is cleaned. It is the individual's responsibility to ensure they are identified for their sole use and that they are not used or worn on other occasions.

Theatre shoes must not be worn outside of the theatre area and must be changed whenever leaving the theatre department.

Activity Outside of Theatre

Any individual who has to attend other departments outside of theatre in their uniform must change into fresh scrubs when they return.

No theatre uniform is to be worn outside of the hospital grounds

Disposal

At the end of the shift the uniform needs to be placed in the skip provided and not taken home to wash.

Reference:

1. NATN standards and Recommendations for Safe Perioperative Practice. NATN, 2005.
2. Behaviours and rituals in the operating theatre, Hospital infection society (1999)

APPLICATION FOR INDIVIDUAL ADAPTATION TO UNIFORM

Name:

Post:

Ward/Dept:

Due to medical, cultural or religious reasons I wish to make an application for individual adaptation to the Professional Standards of Dress at Work Policy.

The adaptation required is:

.....
.....
.....
.....
.....
.....

I understand that in considering this request my line manager will need to consider Infection Control, Professional Standards and Health & Safety implications of any modification agreed.

Signed:

Date:

LINE MANAGER

Meeting held on:

Summary of Discussion:

.....
.....
.....
.....
.....

Outcome: **AGREED** **NOT AGREED**

Signature: