

## DRESS CODE AND UNIFORM POLICY

		POLICY	
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	X		
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## 1.0 INTRODUCTION

The aim of this policy is to ensure that all staff (both directly and indirectly employed) whilst on duty within the Trust are dressed in such a way that maximises staff and patient safety and projects a professional image. All agency staff, students, trainees, learners, work experience and contractors are expected to adhere to this policy.

The professional image presented by staff is an important component in the way we are perceived by colleagues, patients and the public. Uniforms make a profession recognisable, which in turn promotes trust and confidence.

A professional image is one that is smart and simplified with limited personal adaption, a professional appearance and manner is important to maintain patient and public confidence.

A dress code and uniform carry symbolic meaning and serves to:

- Create a distinctive brand
- Creates pride in the profession
- Separate work and non-work time
- Allow patients to distinguish particular staff
- Act as protective clothing
- Create patient confidence in competence and trustworthiness
- Create a corporate image required by employers.

As an employer, SFHT is committed to supporting equality and diversity; staff should approach their line manager and Human Resources to discuss personal requests that they may have or exceptions to Dress Code and Uniform Policy in relation to personal/faith/cultural requirements (i.e. the wearing of darkened glasses, adapted clothing to assist with disability, items of jewellery specific to faith). Whilst the organisation recognises the diversity of cultures, religious needs and disabilities of its employees, and will endeavour to take a sensitive approach when this affects uniform and work wear requirements; priority will be given to health and safety, security and infection prevention and control considerations.

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

Uniforms can be worn when travelling to and from work; changing facilities will continued to be provided by the Trust to facilitate staff changing into/out of uniform.

Uniforms should not be visible outside the hospital, unless on specific Trust business, travelling between sites whilst on duty in uniform is acceptable. Uniforms can pose an infection risk when worn inside and outside clinical settings therefore uniforms must only be worn when travelling to and from work and on Trust business.

## 2.0 POLICY STATEMENT

Adhering to the Dress Code and Uniform Policy applies to and is mandatory for all SFH Trust staff. Standards of personal presentation in the workplace are expected to be high at all times and any uniform provided to be worn in the prescribed manner.

The purpose of the policy is to ensure that all staff are clear on the standard of dress expected while at work, whether wearing uniform or non-uniform. The dress code details the standards and image which the Trust wishes to convey to all patients/clients, partners and members of the public. 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
- Health, safety and well-being of staff
- Infection prevention and control
- Public confidence and professional image.

The application of this policy will:

- Ensure staff maintain a positive professional image and do not present themselves in a manner that might undermine confidence in the Trust or its services
- Enable easy identification of role, profession and individual staff member is maximised through clear and visible staff identification
- Ensure staff wear clothing in line with the principles of this policy
- Ensure that infection prevention & control and Health & Safety issues are addressed recognising the specific requirements for Personal Protective Equipment (PPE)
- Ensure that service users are confident with the policy.

Failure to follow a Trust Policy may result in disciplinary action being taken, up to and including dismissal (See SFH Disciplinary Policy).

### **3.0 DEFINITIONS/ ABBREVIATIONS**

Definitions for specific terms used in the policy or procedure should be clarified, for example:

- 'The Trust' means the Sherwood Forest Hospitals NHS Foundation Trust (SFH)
- 'Staff' means all employees of the Trust including those managed by a third party organisation on behalf of the Trust and includes volunteers
- 'Non-uniformed staff' means staff who wear their own clothes to work
- 'Uniformed Staff' means staff who are provided with a uniform
- 'Bare Below the Elbows' (BBE) means when entering any clinical areas, all staff must roll sleeves above the elbow and remove ALL jewellery, including wrist watches, however the wearing of one plain metal band is permitted
- 'Clinical Area' means all areas where patient care is delivered and managed

Other Abbreviations:

- Personal Protective Equipment (PPE)
- Infection Prevention and Control Team (IPCT)

### **4.0 ROLES AND RESPONSIBILITIES**

It is every member of staff's responsibility that this policy is upheld. The Trust has the right to expect that the standards in this policy are adhered to and line managers will regularly monitor adherence.

## **Directors and Deputy / Associate Directors**

The Directors and Deputy / Associate Directors will ensure that this policy is implemented within their sphere of responsibility and challenge staff not adhering to policy.

## **Human Resources / Training & Development**

Training & Development will at mandatory update provide information guidance and support to staff. All new employees will at Trust Induction be directed to this policy having had received a link to this policy in their letter of acceptance and will be specific in the terms of employment.

## **Matrons, Ward / Department Leaders / Managers and Senior Clinicians**

Matrons, Ward Leaders, Managers and Senior Clinicians have a responsibility to set the standard and role-model this policy and present a professional image at all times both in and out of uniform. They have responsibility for ensuring the policy is adhered to within their area of control. Line managers must ensure that:

- An initial set of uniforms are ordered, dependent upon the role, hours worked and days worked
- Staff are aware of the standard of dress within the policy
- Replacement uniforms are provided as required and in agreement with the line manager
- Policy is implemented; compliance monitored and adhered to providing training where they feel it necessary
- Ensure that any clothing that is provided to protect the Health & Safety of staff is fit for purpose and utilised in accordance with its designated purpose.

## **Staff**

It is the employee's responsibility to:

- Adhere to the standards of Dress Code and Uniform Policy with personal appearance appropriate to their staff role at all times
- Inform their manager in a timely manner should their uniforms need replacing
- Ensure uniforms and identity badges are returned upon leaving Trust
- Comply with this and any other associated policy and procedures.

## **Management Action**

Matrons, Ward Sisters/ Charge Nurses and managers should observe that the general appearance and items worn by staff are always appropriate for the workplace and any issued uniforms or personal clothing are clean, acceptable fit. Where the uniform is unreasonably tight and presents a restriction to movement, this should be addressed with staff, including advising how to obtain suitable alternative items.

Where dress is not in accordance with this policy, it is legitimate to ask staff to rectify this immediately. If this requires staff to return home to change, the time away from work will be unpaid. Repeated disregard of this policy will be considered in line with the Trust's Disciplinary Policy/Procedures.

## 5.0 APPROVAL

This policy was approved at the Nursing, Midwifery and AHP Board meeting

## 6.0 DOCUMENT REQUIREMENTS

### 6.1 General Principles

General principles apply to all staff, clinical and non-clinical; section 6.2 provides detailed guidance for clinical staff.

Clothing and appearance should project a professional image and must not cause embarrassment or offence to patients, colleagues, other staff or visitors to the Trust.

**6.1.1** Uniform or non-uniform clothing must be clean, in a good state of repair and pressed.

**6.1.2** Whilst in a clinical area all staff, irrespective of being in uniform or non-uniform clothing are required to adhere a 'bare below the elbows' policy. Jackets/ fleeces/cardigans, etc. should be removed and shirt sleeves rolled up above the elbow, which again is required of all staff irrespective of role / reason for presence on that clinical area. The use of PPE should be used in accordance with the infection prevention and control policy.

**6.1.3** Non-uniformed staff should be aware of the need to demonstrate a professional image, to patients, relatives, and fellow staff, and to ensure their own and others safety. Clothing should be clean, appropriate and tidy; jewellery should be kept to a minimum and guidance within the policy. It must not cause a risk either from snagging or for infection prevention and control purposes.

**6.1.4** Clothing and footwear should be appropriate for the type of work individuals carry out and not expose oneself or others to unnecessary risk. The slip, trip and falling hazards should be considered when selecting work footwear. Potential hazards relating to the clothing worn should be considered as part of the risk assessment process. Staff issued with Personal Protective Equipment (PPE) or clothing for their safety must ensure they are worn, stored, used, cleaned, maintained, serviced and disinfected as appropriate and in accordance with the manufacturer's recommendations (Personal Protective Equipment Regulations, 2002).

#### **6.1.5 Staff Identification: Name/ID Badges**

All staff must wear the trust designated name badge which states their full name and designation i.e. 'Hello My Name Is' Trust issued badge.

Staff must ensure that current photo ID badges are available for presentation whenever requested, to optimise patient and staff security (this includes agency /locum and volunteers).

The wearing of lanyards is discouraged within clinical areas. Where staff wear a lanyard, this be a Trust approved lanyard; these must be designed to break / or fitted with a tug release to prevent strangulation. Lanyards (Trust approved) may contain wording and/or images that not NHS, health related, professional / trade union related and must not contain wording and/or images that may cause offence to others. Lanyards must be tucked in to prevent an IPC risk if

dangling during patient contact. The hygiene of the lanyard must be considered and a replacement item obtained if it is visibly soiled.

All agency and locum staff must wear photo ID at all times where individuals do not comply with this they may be refused the right to work the shift.

#### **6.1.6 Mobile phones, pages, bleeps, Vocera**

Staff issued with a Trust mobile device (i.e. iPhone or iPad) are permitted to use these devices in clinical areas, in line with Device Guidance. Such devices must be kept in the Trust issued protective case. Staff are permitted to use the device within the guidelines issued with device (i.e. to access work emails).

Use of personal mobile devices (i.e. mobile phones and tablets) in clinical areas is prohibited with the exception of where it is directly for patient benefit and/or for trust related business. Staff may use their personal devices whilst on their breaks.

Staff engaged in clinical activity within a clinical or community setting, who have been issued with a work phone, should keep their mobile phone on a low tone, bleep or vibrate whilst giving direct patient care and only deal with a call between patients. It is recognised that some staff groups may need to be contacted to be mobilised for emergency cases i.e. on a daily basis not just when 'on call' and managers will clarify these exceptions for their staff.

#### **6.1.7 Headphones**

Headphones for personal use can only be worn when on an official break.

#### **6.1.8 No smoking policy**

All staff should uphold the Trust's "No Smoking Policy". Staff must not smoke (including eCigs and vaping) with ID badges in situ or when in uniform even if their uniform is covered. This includes staff that drive in uniform to community clinics or to make a house call.

#### **6.1.9 Temporary staff, including students, bank and agency**

Any bank staff undertaking bank work should wear the official uniform that reflects the position they are working in. Although students have their own university uniform, they are nevertheless expected to comply with the principles of this dress code whilst working on placement within the Trust and must not travel in uniform.

#### **6.1.10 Maternity clothing**

Suitable work clothing will be provided for pregnant clinical staff as required.

#### **6.1.11 Chewing Gum**

In order to promote a professional appearance the chewing of gum either in a clinical area or whilst in uniform is not permitted.

#### **6.1.12 Tattoos**

It is recognised that in today's society many individuals now have tattoos. Where a staff member has a tattoo in an area that remains exposed when wearing their uniform, the tattoo must not be of a nature that could be offensive or be unprofessional. Where a tattoo is considered professionally inappropriate or likely to cause offense to others (patients, family/friends, visitors and/or other staff) the individual will be requested to cover the tattoo. If



the tattoo in question is below the upper arm and covering would conflict with the "bare below the elbow" principle for clinical staff, guidance should be sought from the IPCT as to suitable PPE to cover tattoo in question.

#### **6.1.13 Personal Hygiene**

All staff should maintain a high level of personal hygiene and appearance at all times. Failure to do so will be brought to the individual's attention by their line manager in a sensitive and private manner.

#### **6.1.14 Make up**

Make up should be professional and staff not adhering to this will be asked to remove it as it could be viewed as not portraying an appropriate professional image.

False eye-lashes securely applied and within the infection control parameters.

#### **6.1.15 Finger Nails**

Nails should be clean and nail varnish, where it is worn, should be in good condition.

For clinical staff, finger nails should be kept short and clean; when viewed from the palm of the hand the fingernails should not project beyond the pad of the finger. Clinical staff must not wear nail varnish, nail art or artificial nails whilst on duty. The wearing of acrylic or gel nails is strictly forbidden as they pose an infection risk. Please refer to the Trust's Hand Washing Policy.

### **6.2 Clinical Staff**

#### **6.2.1 Uniforms**

Where staff wear an identifiable uniform it must **NOT** be visible outside the hospital grounds unless on official business which includes travel between sites and travelling to and from work.

Uniforms should allow sufficient hip and shoulder movement for the safe moving and handling requirements of the job. Uniforms should be smart, safe and practical and should provide the wearer with mobility and comfort.

For staff wearing dresses and/or skirts, plain black or neutral/nude stockings or tights may be. For staff wearing trousers, plain black socks are to be worn.

Pens may be carried in the breast pockets of Trust issued uniforms and non-uniform clothing (i.e. breast pockets of shirts). Scissors or any other sharp instruments should be carried in non-breast pockets and should be removed whilst carrying out patients' duties. Care and attention should be taken to ensure any equipment carried in uniforms cannot fall out of pockets and does not injure patients when undertaking patient care.

Coloured tabards may be worn on wards whilst undertaking a medicine round. Strict infection prevention and control guidance must be adhered to and tabards should be treated in the same manner as a uniform.

Plastic aprons must be removed before leaving the ward, patient's home or clinical areas and changed between patients in order to adhere to infection control principles. During times of outbreaks e.g.



Norovirus, where staff members need to cover multiple wards it will be an expectation for staff to change their uniform after leaving the affected ward. Further information; contact the Infection Prevention and Control Team.

### **6.2.2 Footwear**

Footwear must be appropriate to the role employed. Footwear should be sensible professional and black in colour when worn in uniform.

Footwear should be a lace up or slip-on full shoe and have a soft non-slip sole to minimise noise. Staff are advised that in order to help prevent foot problems wearing a shoe with a broad small heel may be recommended (no higher than 1"). These are provided by the staff member. Backless and/or open toe shoes or sandals and flip-flops must not be worn as these constitute a hazard (Manual Handling Operations Regulations, 1992). If alternative footwear is required for medical purposes; the individual will be required to provide medical evidence and discuss the preferred option with their manager, who will need to consider Infection prevention and control and Health & Safety policy.

Suitable clean trainers are permitted and must be wipe cleanable and/or washable, non-porous and must be enclosed and of a black colour or white in colour for staff working in theatres. Theatre staff may wear Trust approved clogs with heel strap but only within the theatre environment.

Wearing of 'Crocs' or croc like shoes is not permitted; this footwear is deemed unacceptable on the grounds of Health & Safety, the Trust's public image and the individual's professional image.

### **6.2.3 Wearing of a full veil / hijab**

- Veils are not permitted to be worn by any staff when on duty, this is to ensure that the member of staff is identifiable, and to enhance engagement and communication with patients, visitors and colleagues.
- In the clinical areas a scarf (Hijab) or turban may be worn for cultural and medical reasons only (plain dark colours to be worn and free from adornment, ensuring it is well secured (to prevent need for frequent adjustment). Headscarves must be changed daily.
- Sikh Kara (bangle) are permitted for clinical staff, but the individual should ensure it is worn as high up as possible on the forearm when carrying out patient contact.
- Uniforms may be worn with provision for sleeves that can be full length when staff are not engaged in direct patient care activity, this is to support Islamic faith where the exposure of forearms is not acceptable to some staff.
- Clinical staff may wear a visible faith symbol for religious reasons; this would be a small discreet badge on their lapel.

### **6.2.4 Jewellery**

Please refer to the Infection Prevention & Control policy and Bare Below Elbow principles.

#### **Clinical staff may:**

- Wear one plain ring with no stones on a finger
- Wear two small pairs of plain stud earrings
- One facial piercing is acceptable i.e. nose stud or eyebrow bar
- On entrance to a clinical area in order to comply with BBE Policy wrist watches must be removed.

- One plain fob watch may be worn.
- No necklaces, unless this is a religious artifact, such as a crucifix on neck chains.

**Non-Clinical staff:**

Jewellery may be worn but should be discrete and in line with bare below the elbows requirements. Staff should also consider the suitability of jewellery in relation to the type of work they are engaged in, as the Trust cannot accept responsibility for any damage to jewellery caused in the normal course of an employee's work.

**6.2.5 Medical Alert Jewellery**

It is important that where staff have medical conditions that require action if they become unwell there is a process of identification. Medical alert bracelets for staff who provide clinical interventions is not acceptable in line with the BBE policy. Should staff need to wear a medical alert it should be securely placed around their ankle (this is in line with IPC recommendations). It is also advisable that staff discuss their individual problems with their manager to ensure we can respond to their needs safely and effectively.

**6.2.6 Ties**

Where staff wear ties, these must be tucked into shirts, or removed whilst carrying out patient care. It is the individual member of staff's responsibility to ensure these are laundered or dry cleaned regularly.

**6.2.7 Cardigans**

Staff in uniform can wear a plain navy cardigan or zip front hoodie over their uniforms in non-clinical areas.

**6.2.8 Hair**

Hair should be clean, well-groomed and tidy for clinical facing staff this should be off the collar, to reduce the incidence of bacterial growth around the collar. Uniformed staff should have their hair tied back (male and female staff) if it falls below the collar. Longer pony tails must not be left loose and swinging and should be pinned up or fastened securely. A long fringe should be fastened back and prevented from swinging across the face.

This applies to all hairstyles and types, including extensions, wigs, etc. Staff should consider the risks of wearing ponytails when caring for violent and aggressive patients. Where hair bands/fixings are worn they should be clean, plain, dark coloured and also cleaned regularly. Male staff should ensure they are either clean shaven or facial hair must be well groomed, neatly trimmed or tidily secured.

**6.3 Travelling in Uniform**

Staff can travel to and from work in uniform. Changing facilities will continue to be provided by the trust.

Trust uniform may only be worn outside the hospital premises if the staff member is on specific Trust duties or travelling to and from work. It is not permissible to wear uniform for political rallying or any informal events e.g. charity runs, fancy dress.

Where it is policy to wear uniform, staff and students are expected to wear their uniform at all times whilst on duty.

Uniform specifications are listed at appendix 1

Trust staff in uniform must **NOT** go into any commercial premises (except those on the hospital estate or as part of their clinical work) in uniform.

## 6.4 Clinical Staff – Additional Requirements

This applies to all staff engaged in direct patient contact:

- Staff who wear their own clothes rather than a uniform when working in the Trust should adhere to the general principles of the standards set out above. In particular, they should ensure that their clothes, shoes and jewellery worn do not pose a potential hazard to themselves, patients or clients and other staff, from both an infection prevention and control and a Health & Safety perspective.
- Staff who wear their own clothes should ensure that they are suitable for work purposes and are clean and in a good state of repair and should look professional at all times.

The following items of clothing are unacceptable, either on the grounds of Health & Safety, the Trust's public image or the individual's professional image:

- Skin tight clothing, plunging necklines, crop tops, very short skirts, shorts (Frayed or torn clothing).
- Smart T-shirts can be worn, although the trust does provide for certain roles.
- Clothing must not exhibit images and/or words(i.e. slogans) that are unprofessional and/or may cause offence to others
- Excessive jewellery
- Jeans
- Excessively high heeled shoes / boots i.e. above 10cms.
- Crocs or croc like shoes.

## 6.5 Operating Department Attire

This protocol incorporates the guidance sets out and should be read in conjunction with the operating department principles of safe practice ensuring the correct wearing of operating department attire within and outside the operating department.

The principles incorporate the requirement to:

- Protect staff against contamination from blood and body fluids and the risks of cross infection and cross contamination
- The need to promote a clean environment
- The need to promote a professional image.

### 6.5.1 General principles

Trust Staff/ personnel in uniform are permitted to come into the theatre suite general areas i.e corridors or offices without changing into theatre clothes and shoes.

### 6.5.2 Standard perioperative department attire

Must comply with all aspects outlined within this policy and in addition to:

- No person will be permitted to enter the operating room unless they are dressed in the appropriate clothing.
- All personnel and/or relatives/carers who enter the anaesthetic room only, of the perioperative environment, are requested to change into the theatre attire or wear a gown over their own clothing/ uniform and don a theatre hat.
- Wearing of a Head Scarf (Hijab) within the Peri-operative environment Religious/Cultural requirements regarding dress will always be treated sensitively. However it must conform to the Trust's health and safety and infection control regulations. Staff/students and visitors who wear a Hijab for religious/cultural reasons are required to remove this garment while on duty or on placement in the Peri-operative environment. Provision is made to meet the needs of the individual to allow for modesty and privacy by the supply of hoods which cover the hair, neck and shoulders and are available in the changing area.
- Disposable facemasks with and without eye protection are available and are worn as required. At the end of the span of duty or if the clothing becomes wet or soiled it should be disposed of in the linen bags available, located in the changing rooms (It is the responsibility of all individuals to dispose of clothing appropriately).
- Any Trust personnel in uniform collecting patients from recovery will be restricted to theatre corridors only
- Outdoor clothing is not permitted in any area of the operating theatre suite or corridors past the point indicated by the red line.
- Staff/ visitors or contractors must not enter prep rooms, anaesthetic rooms, or operating theatres without changing into theatre attire.
- Footwear (which is provided) must give support and protection to the feet and should be kept clean and in good repair and adhere to Trust Uniform Policy All personnel are responsible for their own footwear including cleaning of the footwear. Theatre shoes must be cleaned in the theatre sluice when visibly contaminated or at the end of the working day using neutral detergent wipes. Those staff who wear clogs must ensure the strap is placed around their heel.
- Any visitors entering the semi-restricted areas are required to wear a gown for the protection of their own clothing and a clean disposable hat, which is provided if required. Any visitor needing to enter the operating room must change into the theatre clothing provided and theatre shoes must be worn
- **Clean** theatre scrubs may be worn within the hospital provided that hats and masks are removed. Any soiled clothing must be changed prior to leaving the department. On return to theatre if entering the restricted area a clean set of scrubs must be put on.
- Theatre scrubs must not be worn outside the hospital campus unless the individual is on clinical duties i.e. inter-hospital transfers. These must be changed when returning to the department
- It is the responsibility of the individual choosing to wear cotton non-disposable hats to ensure they are laundered and changed daily or more frequently if they become soiled.

## 6.6 Laundry Guidance

Staff who are required to wear a uniform will be provided with an adequate number of uniforms.

The Trust will, within resources available, purchase quality clothing that meets infection control and Health & Safety requirements and reduces replacement costs. The uniform provided must be worn in accordance with the guidance detailed by the sewing room and maintained in a clean condition and in good repair. Healthcare workers' uniform must never be considered as PPE as uniform does not have the properties or function of PPE.

Where a uniform has been worn in conjunction with appropriate PPE and is not visibly contaminated with blood or other body fluids, there is no evidence it poses any risk to healthcare workers or the public.

Some degree of contamination, even on uniform or clothing which is not visibly soiled will exist. Staff must therefore change out of their uniform promptly at the end of each shift. A clean and freshly laundered uniform must be worn daily.

The Trust has limited facilities for uniform laundering. Where staff launder their own uniform, the following guidance should be followed when handling and decontaminating worn uniforms.

#### **6.6.1 Temperature**

All Uniforms should be laundered at 60°C or 140°F.

#### **6.6.2 Detergents and Additives**

Use a detergent that is suitable for your skin type. Do not add bleaches to the wash process or use for a 'whitening' effect. Tumble Drying/Ironing: Uniform may be ironed or tumble dried as per the care label.

#### **6.6.3 Storage and Transportation**

Ensure laundered uniform is stored separately from used uniform.

#### **6.6.4**

With regard to possible risk of exposure to blood and body fluids, several groups of health care workers uniforms are at greater risk of exposure.

These groups of health care workers must NEVER take home, or wear home their uniforms to home-launder:

- Theatre staff
- Laboratory workers
- Health care workers advised by IPCT not to home launder, e.g. during some outbreaks or exposure to certain pathogens.

Adherence to the above will ensure the risk of cross contamination from uniform is kept to a minimum.

### **6.7 Changes to Uniform Policy in Extreme Weather Conditions**

There may be circumstances where the wearing of all or part of the uniform may cause difficulties to staff. One example of this is in extremely hot or cold weather. Changes to uniform may be agreed by Chief Nurse or Director of People for example not wearing of tights or stockings when weather conditions trigger heat wave circumstances any adaptation must maintain a professional appearance and respect the general principles specified throughout this policy.

## **6.8 Tax Relief**

Staff can claim tax relief in respect of laundry costs by writing to the local Inland Revenue Office, with their National Insurance number and details of cost. More information is available from union representatives.

## **6.9 Termination of Employment**

Uniforms remain the property of the Trust and must be handed in by staff that leave or retire. ID badges must also be returned before leaving employment.

## **6.10 Awareness**

All staff will be made aware of this policy as part of their induction process. Existing staff will be made aware of this policy via a policy launch on the Trust intranet; through the distribution of a policy summary; by communications in Team Brief and from line managers.

## **6.11 Non-Compliance with the Policy**

Staff who are deemed by a matron, line manager or senior person on duty to be contravening the Uniform / Dress Code policy will be asked to adhere with the recommendations as soon as practicably possible. Failure to comply with this policy may result in disciplinary action being taken.

It is recognised that the application of this policy to non-uniformed staff may require some judgement in relation to interpreting the standard and principles described.

Consistency in interpretation will be achieved by managers liaising with the human resource advisors or the corporate nursing team, if any areas of disagreement arise between staff and managers.

## 7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

<b>Minimum Requirement to be Monitored</b>  (WHAT – element of compliance or effectiveness within the document will be monitored)	<b>Responsible Individual</b>  (WHO – is going to monitor this element)	<b>Process for Monitoring e.g. Audit</b>  (HOW – will this element be monitored (method used))	<b>Frequency of Monitoring</b>  (WHEN – will this element be monitored (frequency/ how often))	<b>Responsible Individual or Committee/ Group for Review of Results</b>  (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Adherence to Dress Code Uniform Policy	Chief Nurse, Director of Nursing & Deputy Chief Nurse, Divisional Directors of Nursing, Matrons, Ward Sisters/ Charge Nurses, Managers and Senior Clinicians	Direct Observation of staff	Continuous	Matrons, Ward Sisters/ Charge Nurses, Managers and Senior Clinicians



## 8.0 TRAINING AND IMPLEMENTATION

All line managers will ensure this policy is cascaded to their current staff and monitor implementation and compliance.

All new staff and volunteers should be made aware of the policy. This should include employees of the Trust and employees of other organisations who work at the Trust. Agency staff, work experience placements and contractors must also be made aware of and adhere to the Policy.

The policy will be reviewed every 3 years.

## 9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 2
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix 3

## 10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

### Evidence Base:

- Dress codes and discrimination. NHS Employers 2020
- Uniform and Workwear Guidance. Royal College of Nursing 2020
- Uniform and Workwear Guidance for NHS Employers. April 2020
- Personal Protective Equipment Regulations HSE 2018
- Effectiveness of low temperature domestic laundry on the decontamination of health care workers uniforms. Lakdawla N, Pham J, Sham M, Holt J (2011) Infection and Control and Hospital Epidemiology 32 (11) 1103-1108

### Related SFHFT Documents:

- Disciplinary Policy – HR/0018
- Operating Policy for Infection Protection and Control – ICP1
- Personal Protection Equipment (PPE) Policy –ICP 9

## 11.0 KEYWORDS

Definitions for specific terms used in the policy or procedure should be clarified, for example:

- 'The Trust' means the Sherwood Forest Hospitals NHS Foundation Trust (SFH)
- 'Staff' means all employees of the Trust including those managed by a third party organisation on behalf of the Trust and includes volunteers
- 'Non-uniformed staff' means staff who wear their own clothes to work
- 'Uniformed Staff' means staff who are provided with a uniform
- 'Bare Below the Elbows' (BBE) means when entering any clinical areas, all staff must roll sleeves above the elbow and remove ALL jewellery, including wrist watches, however the wearing of one plain metal band is permitted
- 'Clinical Area' means all areas where patient care is delivered and managed

### Other Abbreviations

- Personal Protective Equipment (PPE)
- Infection Prevention and Control Team (IPCT)

## 12.0 APPENDICES

### Appendix 1

SFH NHS Foundation Trust Clinical Staff Uniform Specifications

All staff will be given the option of tunic and trousers or dresses. Trousers colour will be dependent upon role.

Number of uniforms issued is based on the number of shifts worked per week.

The following groups will define staff and uniform colour:

#### **Nursing – wards and Outpatients**

Matrons Navy with red trim

Ward Leader Navy with white trim

Deputy Ward Leader (Band 6) Royal Blue with White trim

Staff Nurse (Band 5) Hospital Blue with White trim

Health Care Assistant (band 2&3) White with Royal Blue trim

Nursing Associate –grey with green trim scrub top and trousers

#### **Maternity**

Midwife Blue or Navy tunic .

Care Assistants Pale Blue tunic

Midwifery Advocate Jade Green polo shirt and navy trousers

#### **Ward 25**

(Play leaders) Purple polo shirt and navy trousers

#### **Emergency care**

A&E / ITU Nursing staff all in navy scrubs currently

A&E Care Assistants Royal Scrub Top

ITU Care Assistants White Scrub Top / Royal Trim

A&E Doctors & Consultants- Jade Green scrubs

ACP/ENP Hospital Grey Scrub Suit

A&E receptionists Lilac and white stripe tunic

EDASS Pale blue scrub top and navy trousers

FIT- Pale blue scrub top, Navy trousers

#### **All other NON ward based clinical staff**

Endoscopy- Scrubs

Therapy Services Assistants wear White tunic with white trim and navy embroidery

Therapy Services Assistants with an NVQ wear a white tunic with navy trim and navy embroidery

Physiotherapists, Research Nurses, Specialist Nurses White tunic with navy trim and navy embroidery

Dental Nurses White tunic with yellow trim

Radiology White with White, royal or navy trim and burgundy embroidery

Pharmacy White with white, royal or navy trim (with light green embroidery)

Occupational Therapy White / navy trim (with dark green embroidery)

Phlebotomy White / white or White / royal

Lead Phlebotomists White with red trim

Infection Prevention and Control Team White / white tunic (with navy embroidery)

Patient Flow Coordinators White tunic, green stripe and embroidery

Duty Nurse Managers Dark grey Scrub Suit  
Ward receptionist Blue and white patterned blouse  
ACP Hospital Grey Scrub Suit

### **Corporate**

Chief Nurse & Deputy Chief Nurse - Black with red trim  
Divisional Directors of Nursing & Director of Midwifery, Associate Chief AHP- Navy with gold trim  
Practice Development Nurses - Navy with white trim  
Materials management staff - Burgundy polo shirt and navy trousers  
Ward Housekeepers - Burgundy with white trim. (Except Mansfield wards and ward 54)-MCH  
Ward housekeeper role is different to other SFHT ward housekeepers  
Pathology White Howie coats  
In specific areas where the nature of work determines that white tunics may be inappropriate, then uniforms of block colour in sailor blue or navy with white trim will be allocated. This should be limited to Emergency Department (KMH) and Maternity.

### **Medical Staff Uniform**

Scrub style suits in grey to differentiate them from theatre blues have been issued to medical staff in A&E.

## APPENDIX 2- EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Uniform Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 2/12/2020 – Reassessed 09 October 2023			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	As specified within the policy	None	None
Gender	None	None	None
Age	None	None	None
Religion	As specified within the policy	None	None
Disability	As specified within the policy	None	None
Sexuality	None	None	None
Pregnancy and Maternity	None	None	None
Gender Reassignment	None	None	None
Marriage and Civil Partnership	None	None	None
Socio-Economic Factors (i.e. living in a poorer	None	None	None

neighbourhood / social deprivation)			
<b>What consultation with protected characteristic groups including patient groups have you carried out?</b> <ul style="list-style-type: none"> <li>Via consultation with staff group and forums</li> </ul>			
<b>What data or information did you use in support of this EqlA?</b> <ul style="list-style-type: none"> <li>Research and local and national guidance</li> </ul>			
<b>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?</b> <ul style="list-style-type: none"> <li>no</li> </ul>			
<b>Level of impact</b>  From the information provided above and following EQIA guidance document Guidance on how to complete an EIA ( <a href="#">click here</a> ), please indicate the perceived level of impact:  Low Level of Impact  For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
<b>Name of Responsible Person undertaking this assessment:</b> <b>Yvonne Simpson</b>			
<b>Signature: Yvonne Simpson</b>			
<b>Date: 09/10/2023</b>			

### **APPENDIX 3 – ENVIRONMENTAL IMPACT ASSESSMENT**

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

<b>Area of impact</b>	<b>Environmental Risk/Impacts to consider</b>	<b>Yes/No</b>	<b>Action Taken (where necessary)</b>
<b>Waste and materials</b>	<ul style="list-style-type: none"> <li>Is the policy encouraging using more materials/supplies?</li> <li>Is the policy likely to increase the waste produced?</li> <li>Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?</li> </ul>	No	
<b>Soil/Land</b>	<ul style="list-style-type: none"> <li>Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals)</li> <li>Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.)</li> </ul>	No	
<b>Water</b>	<ul style="list-style-type: none"> <li>Is the policy likely to result in an increase of water usage? (estimate quantities)</li> <li>Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water)</li> <li>Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)</li> </ul>	No	
<b>Air</b>	<ul style="list-style-type: none"> <li>Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.)</li> <li>Does the policy fail to include a procedure to mitigate the effects?</li> <li>Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?</li> </ul>	No	
<b>Energy</b>	<ul style="list-style-type: none"> <li>Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)</li> </ul>	No	
<b>Nuisances</b>	<ul style="list-style-type: none"> <li>Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?</li> </ul>	No	