# Standards of Dress, Uniform and Personal Appearance Policy

## Version 2

### Summary:
This policy sets the standard that Southern Health NHS Foundation Trust staff must adhere to in regards to their standards of dress, uniform and personal appearance.

### Keywords (minimum of 5):
Standards, uniform, dress, appearance, infection, prevention, control, health and safety, professional, corporate, identity, equality and diversity.

### Target Audience:
All clinical, non-clinical, frontline and corporate staff employed by Southern Health NHS Foundation Trust.

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### Approved and Ratified by:
Staffside Policy Scrutiny Group
Joint Consultative and Negotiating Committee

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Version Control

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Standards of Dress, Uniform and Personal Appearance Policy

1. Introduction

1.1. Southern Health NHS Foundation Trust (the ‘Trust’) recognises the importance of appearance in creating a positive and professional image that enhances the confidence of patients, their families, other staff and visitors to the Trust. In addition, in a healthcare and social care setting some issues of health and safety, infection control and security are very closely linked to dress and appearance. The Trust however also recognises that for some services working within the community a uniform would not be appropriate, and so therefore the general standards of dress and personal appearance would apply.

1.2. The Trust respects a natural desire for a certain amount of individuality and discretion in how people dress and present themselves. This policy has therefore been designed to support good practice with regard to health and safety, infection control and security, as well as to promote a code of appearance that will engender a positive and professional image without being unreasonably prescriptive.

1.3. The image that the Trust wishes to portray as an organisation involves the following elements:

- High-quality service
- Competence
- Professionalism
- Openness
- Respect for all consumers of the service (i.e. service users, visitors and commissioners).
- The type of work/activities undertaken

1.4. The adoption of corporate standards for the wearing of uniforms, clothing worn and personal appearance at work is an important issue for the Trust for the following reasons:

- it reflects a corporate identity which demonstrates a smart and professional image for patients, their relatives and staff;
- it can provide a consistency of identification within Southern Health for anyone using the services;
- it offers a protection to staff by ensuring that the uniform codes and non-uniform codes adhere to health and safety principles and guidelines; and
- the carrying/wearing of a current identity badge assists in ensuring the security of both staff and patients.
2. **Scope**

2.1. This policy will apply to all corporate and non-clinical staff as well as clinical staff directly employed by the Trust other than when specific conditions may apply e.g. to Medical and Dental staff. This also includes trainees, students on placement, secondees and staff on honorary contracts or on joint contracts with the Trust and another employer.

3. **Policy Statement**

3.1. This policy is intended to provide guidance to staff and managers. It is not intended to deny the rights of staff to reflect their individuality, but this should be seen in the context of the need for smart and professional appearance, the need to comply with health and safety requirements and infection control.

3.2. The Trust believes that the development and adoption of standards of dress and personal appearance is an important aspect of delivering high standards of service to service users, relatives and visitors. This is important whether or not individuals are required as part of their job to wear a uniform provided by the Trust. Whilst undertaking their contractual duties all staff and/or when in uniform are acting as representatives of the Trust, who can be easily identified to enable immediate engagement with service users, and so must ensure that The Trust standards for dress and appearance are maintained.

3.3. Issues of dress and appearance can be highly subjective and emotive. The Trust considers that where there are no objective criteria affecting dress or appearance (e.g. health and safety or infection control), a consensus view of what constitutes professional appearance should guide the implementation of this policy.

4. **Roles and Responsibilities**

4.1. **Trust**

4.1.1. The Trust has overall responsibility to have processes in place to ensure that all clinical, non-clinical frontline and corporate staff are aware of this policy and adhere to its requirements.

4.2. **Managers**

4.2.1. Managers’ responsibilities include the following:

- Senior leaders and managers must reinforce the standards within the parameters of this policy. This should be disseminated to all members of their teams and managers must ensure that teams understand and adhere to local protocol and the policy requirements.

- To monitor the standards of dress for staff when on duty. Where standards are not met, commensurate with their job role, Line Managers must follow the process outlined in Section 8 ‘Compliance with this policy’.

- To only purchase uniforms from the approved Trust supplier.
4.3. Staff

4.3.1. Clinical, non-clinical frontline and corporate staff responsibilities include the following:

- Maintain awareness and comply with this policy. The standards of dress and presentation of individuals are naturally the responsibility of each individual.

4.4. Human Resources

4.4.1. The Human Resources Team has a responsibility to ensure that the policy is followed, fairly and consistently. Their duties will involve:

- ensuring the effective implementation and embedding of the policy through education and monitoring activity; and
- ensuring that the policy are maintained and updated accordingly in line with any organisational changes or legislative changes.

5. Clinical Uniforms

5.1. The policy statement (see Section 3) outlines the rationale of staff wearing the Trust uniform. Furthermore, it is important to emphasise that the decision, made by the relevant Director and senior managers, on whether teams should wear clinical uniforms or be non-uniformed will be predominantly dependant on enabling engagement and empowerment of different service user groups and the protection of staff and patients/service users.

5.2. Provision of Uniforms for Clinical Staff

The Trust provides approved uniform for clinical staff based on the following principles:

- The adoption of standardised uniforms allows the trust to facilitate efficient ordering, purchase the correct products manage the supply chain, and obtain value for money.

- Standard clinical uniforms across the Trust facilitate movement of staff between teams and a consistent image reflecting grade and specialty.

- The uniform should be as comfortable as possible and well-fitting whilst looking smart and professional in accordance to the relevant guidelines.

- Uniform must conform to health and safety requirements and guidance (Health and Safety at Work Act 1974).

- Check manufacturers’ instructions for washing and drying. Uniforms must be laundered at the hottest wash they will tolerate (usually 60°C) in a washing machine, as recommended for infection prevention and control and compliance. Hand washing is ineffective and unacceptable and must not be undertaken. They should be tumble dried if possible and then pressed with a hot iron. They must be laundered separately from the family wash if possible. Heavily soiled uniforms must be washed separately.
• A clean uniform must be worn each day to ensure best practice with regard to infection prevention and control. Sufficient uniforms will be provided by the Trust to readily allow for this in accordance to the individual’s job role.

• Uniform provided may, on occasion, be second hand but will be of good quality and determined to be at the required Trust standard. This ensures the best use of the Trust resources.

• You may be able to claim tax relief on the cost of cleaning your uniform, for further information please visit https://www.gov.uk/tax-relief-for-employees/uniforms-work-clothing-and-tools.

5.3. The Standard of Clinical Uniform

5.3.1. The aim is that all staff will appear professional and smart. Staff will wear colours typically associated with their profession as follows:

Senior Nursing/ AHPs (Director of Nursing and AHPs, Associate Director of Nursing and AHPs, Professional Leads)
Dress or Tunic - red

Nursing
Dress or Tunic
• Band 8: Navy with white trim
• Band 7: Navy with red trim
• Band 6: Royal blue with white trim
• Band 5: Hospital blue with white trim
• Band 4: Pale blue with white trim
• Band 2/3: Pale grey with white trim

Trousers: Navy
Cardigan: Navy

Physiotherapy
• Physiotherapist: White tunic with navy trim /white polo shirt with ‘Physiotherapist’ embroidery in navy, navy trousers, navy sweatshirt
• Rehabilitation Assistant: White polo shirt with ‘Physiotherapy Assistant’ embroidery in navy, navy trousers

Occupational Therapy
• Occupational Therapist: White tunic with bottle green trim, white polo shirt with “Occupational Therapist” in bottle green, bottle green trousers, green cardigan/sweatshirt, green cardigan/sweatshirt
• Rehabilitation Assistant: White polo shirt with ‘Occupational Therapy Assistant’ bottle green embroidery, bottle green trousers, green cardigan/sweatshirt
Radiology Staff
- Radiographers: White shirt or tunic with sailor navy trim, black trousers
- Radiology Assistant Practitioner: White tunic with pale grey trim, black trousers
- Radiology Assistant: Pale grey tunic with white trim, black trousers

Podiatrists:
- White polo shirt or scrub tunic, navy trousers

Rehabilitation Assistants (not in Occupational Therapy or Physiotherapy)
- White tunic, navy trousers

Staff regularly visiting patient homes/ various sites (not in-patient staff):
- Fleece/Coat Navy

Maternity Wear
- White tunic and trousers or dress¹

5.3.2. For full uniform details, including maternity wear, please refer to the Shared Business Service ordering system and the catalogue.

5.3.3. If a member of staff has any special fitting or material specific requirements on medical grounds then an Occupational Health referral and advice is be required to review and make recommendations.

5.4. Uniform Allowance Guideline

5.4.1. The uniform allowance for staff is as follows:
- Full time staff: 5 uniforms
- Part time/bank staff: Minimum of 2 and maximum of 5 uniforms (depending hours worked and local discretion).

5.4.2. Badges and lanyards which carry the Trust’s name will be allowed and must be worn.

5.5. Purchase of Uniform

5.5.1. Any request by an individual to purchase a uniform must be authorised via the Line Manager in accordance with the ordering procedures/ guidelines.

5.5.2. The purchase of any items of uniform can only be undertaken through the Trust selected supplier, using the Shared Business Service system and the catalogue.

5.5.3 Special orders may be allowed only in cases where a member of staff has a medical condition that requires a variation to the standard as cited in 5.3.3.

¹ Suppliers don’t offer maternity wear in any other colours.
5.6. Delays in Supply of Uniform

5.6.1. Staff should work in their former or recycled uniform if it complies with the uniform standards outlined rather than delay their start date with the Trust. This decision should be made collaboratively with the manager and new member of staff.

5.7. Wearing Uniform outside NHS Premises

5.7.1. When travelling to and from work, staff must not wear uniform unless they have permission from their Line Manager to do so, or their job demands it as agreed in the team’s local protocol. Staff wearing uniform when travelling to and from work must ensure that their uniform is covered when going into public places to maintain professional appearance and cleanliness. Where possible staff should change into their uniform on reaching their place of work and change out of it at the end of the shift, if their place of work has suitable changing facilities. If there are no local changing facilities, guidance from the Line Manager must be sought.

5.8. Contaminated Uniforms

5.8.1. In cases of contaminated uniforms, guidance from the Line Manager must be sought for current arrangements and local guidance. If uniforms are visibly soiled or contaminated the uniform must be changed immediately or as soon as is practical. In the case of gross contamination the uniform must be disposed of and replaced.

5.9. Employees Leaving the Trust

5.9.1. Uniforms provided by The Trust must be returned to the Line Manager, laundered and with all personal belongings removed. Staff leaving a substantive post but remaining on the Staff Bank may not need to retain all of their uniform and may need to return some items. This will be agreed with the line manager at the exit interview.

5.10. Loss of Uniforms

5.10.1. All staff who lose an item of uniform must report this to their Line Manager. Due to the potential security issues arising from the use of uniforms by non-employees of the Trust, loss of uniform must be recorded as an incident through the Trust’s Incident Reporting Procedure (Ulysses Safeguard via the Trust intranet).

5.11. Replacement of Uniform

5.11.1. Staff who have been provided with a uniform and require a replacement must contact their Line Manager and request a replacement, if and when one is required. It will be at the discretion of the Line Manager whether a replacement set is provided and to approve the replacement.

5.11.2. Once the complement has been acquired by the new member of staff, this will not be changed unless contracted hours or working pattern changes, nor will there be any alterations made to the combination after the day of fitting. Any staff wishing to change their combination must notify their Line Manager, who will consider the change in exceptional circumstances.

5.11.3. The expected refresh rate for uniforms is replacement is approximately every 2-3 years.
6. **General Standards of Dress and Personal Appearance when Providing Direct Clinical Care**

6.1. When providing direct clinical care to patients, all individuals, whether wearing a uniform or not, must adhere to the principles outlined in the Health and Social Care Act 2008 and the RCN ‘Wipe it Out’

   In particular this requires the clothing worn by staff when carrying out their duties is clean and fit for purpose and should specifically enable good hand hygiene.

6.2. **Appearance**

   6.2.1. Fingernails must be kept short at all times to protect the patient from any scratching and any infection. No nail extensions, overlays or varnish of any description are permitted.

   6.2.2. If hair is longer than shoulder length it should be tied back sufficiently to ensure that it does not fall over the face or over a clinical area. Hair must be tied back with simple, matching hair bands that reflect the uniform or the colour of the hair.

   6.2.3. Badges must be avoided **other than** The Trust identity badge as they can restrict the movement in relation to moving, handling and can cause injury to patients and clients and staff. If a professional badge or other badge (e.g. hospital training badge, role specific) is worn then consideration must be given to whether this is safe in the clinical environment. They must be wipeable or disposed of daily (e.g. stickers). This decision must be made by the clinical line manager.

6.3. **Clothing**

   6.3.1. Arms must be ‘bare below the elbow’ to allow for cleanliness and enable easy hand cleaning as per the Department of Health’s ‘Bare Below the Elbows’ guidance. Please refer to the Trust’s Hand Hygiene Procedure: Infection Prevention and Control Policy, Appendix 6 (SH CP 12).

   6.3.1.1. Long sleeves prevent thorough hand hygiene procedures and are more likely to become contaminated during work activities. Staff must remove long sleeved clothing or roll up long sleeves before undertaking any direct ‘hands on’ care.

   6.3.1.2. In a learning disability/mental health in-patient setting, ‘Bare Below the Elbows’ is advised unless following a risk assessment, if there is a risk of scratching or other physical injuries being inflicted, in which case, sleeves can be rolled down, but they must be rolled up to facilitate hand hygiene when necessary in accordance with the Trust’s Hand Hygiene Procedure.

   6.3.2. No cardigan or jumper must be worn in the clinical area when undertaking direct clinical duties with a patient/ service user.

   6.3.3. Buckles or belts must not be worn apart from when required for securing trousers or carrying a personal alarm (i.e. Personal Infrared Transmitter (PIT)).

   6.3.4. Tights must be black, grey, navy or neutral.

   6.3.5. Bare legs are permitted in warm weather/excessively hot environments.

   6.3.6. In extreme weather conditions where the Trust has issued a red alert staff should follow the Trust-wide advice.
6.3.7 When undertaking direct clinical care, scarves and ties must be secured so that they do not cause an infection risk or present an article to be accidentally pulled by a patient². Staff must consider:

- removing the tie/scarf, especially if in an in-patient setting where there is a risk of violence and aggression and the clothing items present potential ligatures,
- securing ties in the shirt, or
- using a tiepin or clip on ties so that it is safe for the patient.

6.4. Footwear

6.4.1. In addition to the requirement for footwear to be smart as part of the Trust’s image, the following safety provisions apply:

- In keeping with safety at work, footwear must be appropriate to the work of the employee and such that damage to feet would be minimal in the event of an accident. Therefore, it is a requirement to wear shoes appropriate to the environment and duties (closed shoes will offer more protection than open shoes from risk of contamination or injury from spills or dropped objects/ low heel will offer greater stability and manoeuvrability).
- When working in areas where safety shoes are required, these should be worn at all times.

6.5. Body Piercings, Tattoos and Jewellery

6.5.1. Any piercing which is on view must be removed. The only exception to this is that one pair of discreet earrings may be worn³. For any staff who may have contact with patients/service users, only studs may be worn.

6.5.2. Any prominent or potentially offensive tattoos should be covered as long as this complies with the Trust’s Hand Hygiene Procedure as wearing long sleeves prevents thorough hand hygiene procedures and are more likely to become contaminated during work activities.

6.5.3. Rings: one plain metal band only may be worn. No rings with stones should be worn when dealing directly with patient care as scratches and abrasions to the skin could occur. For Theatre staff see 6.7.

6.5.4. Wristwatches, bracelets and other hand adornments: these may not be worn when providing direct patient care or in the clinical environment. Wristwatches and other jewellery worn on the hands and wrists become contaminated during work activities. In addition they prevent thorough hand hygiene procedures (see the Trust’s Hand Hygiene Procedure).

6.5.5. Necklaces: these must not be worn in the clinical area.

6.5.6. No other visible jewellery may be worn.

² This also applies to items of religious dress as these may present an infection prevention and control risk.
³ Consideration in respect of religious piercings must be made in line with this policies guidance (see too kit guidance 1) in consideration of infection prevention and control risks.
6.6 Stethoscopes and Other Hard and Sharp Objects

6.6.1. Stethoscopes should not be worn around the neck or waist as a matter of course. They must be concealed in a pocket or kept in the clinical environment until required, and used in accordance with the Infection Control Policy. This ensures safety for both the patient and staff member.

6.6.2. Pens, scissors or other sharp and hard objects must not be carried in the outside breast pocket as this may cause injury or discomfort to patients during care activity\(^4\). They should be carried inside clothing or in hip pockets.

6.7 Scrubs and Theatre Clothing\(^5\)

6.7.1. When scrubs are worn in identified clinical areas, this must be with the agreement of the senior manager of the area and only for the following reasons:

- to reduce infection risk
- the area is too warm for usual clothing in order to meet the needs of the patient.

6.7.2. Clean scrubs must be worn each day and changed at the first safe clinical opportunity if visibly soiled.

6.7.3. Scrubs must not be worn outside the clinical area if rules specify, unless covered by a clean uniform overcoat which is fully fastened. Coats must be changed daily. Scrubs should not be worn outside the clinical area, unless in emergency situations. Different shoes should be worn for outside of theatre.

6.7.4. Scrubs must not be worn outside the hospital other than for retrieval purposes of patients to critical care areas and emergency situations.

6.7.5. Areas wearing scrubs must wear a different colour to that of theatre personnel for identification purposes.

6.7.6. Wearing scrubs outside the theatre environment: There is currently little evidence showing that the wearing of cover gowns reduces the risk of surgical site infections. However, perceptions from staff, visitors and the public concerning ‘theatre discipline’, suggest that although there is insufficient evidence, theatre staff must wear a fastened cover gown over their theatre scrubs before leaving theatre. Scrubs from different units must be identifiable as cited in 6.7.3.

6.7.7. Wearing hats outside theatre environment: There is no evidence of increased infection risks associated with wearing a hat outside the theatre environment therefore hats may be worn outside theatres (there may be other reasons not to do this, but infection control is not an issue). However, best practice is to change headwear daily, unless it becomes soiled, when it should be changed immediately.

6.7.8. Wearing masks outside theatre environment: As a new mask should be worn for each theatre case it is advised to discard the mask in an appropriate container for disposal after each case or if soiled.

\(^4\) For staff working in Mental Health services please refer to local security guidelines as these objects are likely to be prohibited due to risk to patients, staff and visitors.

\(^5\) Reference ‘Behaviours and Rituals in the Operating Theatre’ (Hospital Infection Society Working Party, 2005)
6.7.9. **Theatre footwear:** Footwear worn in theatres should be for that use only and should be cleaned in accordance to the Infection Prevention and Control policy. The use of a washer-disinfector is preferable for the decontamination of footwear, and this must be used where provided. Footwear should not be left in a contaminated state or on changing room floors. Footwear should be cleaned and stored ready for use. The use of overshoes is not recommended, except in anticipation of grossly contaminated cases, as these have been shown to increase floor bacterial counts, as well as the numbers of bacteria on the hand when applied or removed.

7. **General Standards of Dress and Personal Appearance**

7.1. The current Trust identity badge must be with staff at all times. Where identity badges are worn, identity badge holders must be clip on/be on a lanyard with a breakaway anti-ligature clasp for clinical staff or a Trust lanyard for non-patient facing role.

7.2. Individuals must be clean and well-presented.

7.3. Staff in direct clinical contact with patients, service users, and housekeepers and porters who work in a clinical environment, must follow standard infection control precautions (see Section 6) and take reasonable care to protect themselves and patients by wearing the appropriate Personal Protective Equipment (PPE) (e.g. gloves and plastic apron) following a risk assessment (Please refer to the Trust’s Standard Precautions Procedure: Infection Prevention and Control Policy, Appendix 5 (SH CP 19)).

7.4. Hair must be clean, tidy, and style should be worn as appropriate to the role.

7.5. Offensive logos indicating endorsement of a product are not permitted on any clothing item or on diary covers etc.

7.6. Glasses lanyards should be plain and easy to clean, and should have a breakaway anti-ligature clasp on them.

7.7. Attire for dress down days must adhere to the principles of this policy for standards of dress. Agreement to participate in dress down days must be obtained from service managers.

7.8. Staff not required to wear a uniform must be smart and presentable. Porters must wear safety footwear, as part of their PPE requirements.

7.9. Weekends/night duty/bank holidays/training events – given the nature of the service and the contact with the general public, no distinction is made at these times and staff will be expected to maintain the standards of dress as outlined in this policy. No distinction is made for training events unless the organiser specifies a particular mode of dress consistent with the course objectives.

7.10. Therapeutic activities – where therapeutic activities with patients/service users have been planned, e.g. day trips, sporting/recreational activities, or in supported living, staff must wear clothing appropriate to the task.

7.11. Consideration must also be given so that clothing and appearance does not provide offence.

7.12. The following provided some examples of inappropriate clothing:
Standards of Dress, Uniform and Personal Appearance Policy

Procurement Administrator / HR Best Practice Lead

Version 2

May 2015

- Jeans with offensive/large logos, holes, patches or is in a dirty or untidy condition; leggings; patterned/military style combat trousers, flip flops.
- Clothing bearing offensive logos or wording (e.g. alcohol related, sexual, etc.)
- Skirt length shorter than just above the knees
- Bare midriff
- Tops that are low cut or leave significant bare skin (e.g., halter tops, etc.)
- Training shoes/plimsolls/deck shoes (unless required by the role)
- Casual printed t-shirts (other than those printed only with small motifs) and sweat shirts/rugby shirts
- Tracksuits
- Clothing that has holes, patches or is in a dirty or untidy condition
- If shorts are worn they must be knee length and of a tailored quality
- High heeled shoes/ open toes shoes when providing clinical or social care interventions in non-uniformed environments.

7.13. The Trust has a ‘Smoke free Trust’ Policy which states that staff may not smoke in any of the Trust buildings, premises or grounds. Staff must also ensure they do not smell of smoke when coming into work.

7.14. In learning disability and mental health services, where agreed in local protocols by senior leaders and managers (see Section 4.2.1), smart looking trouser/jeans (i.e. with no offensive/large logos, no holes, no patches and not in a dirty/untidy condition) with heavy duty material maybe worn to provide effective protection for physical interventions and to enable personal alarms to be carried in the heavy duty pockets/belt loops.

7.15. Respect for Diversity

7.15.1. Individuals who require to wear something that potentially contravenes this policy, for example for religious reasons (please note, the Department of Health provides specific advice on ‘Muslim Spiritual Care Provision in the NHS’), culture or perhaps due to a disability, should discuss this in confidence with their Line Manager. Agreement for the way forward must be confirmed in writing and must comply with all policies relating to infection prevention. (See Standard of Dress, Uniform and Personal Appearance Toolkit – Guidance).

7.15.2. The Trust believes that it is important to recognise and support equality in employment and due consideration will be given. However, health and safety and infection control issues are paramount.

7.16 Damage to clothing

7.16.1. The Trust would not normally consider itself liable to recompense staff for damage to property or clothing caused by a work-related incident. If, in exceptional circumstances, it is recognised that an ex gratia payment is appropriate this will be made in accordance with the Trust’s Losses and Special Payments Guidance.

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8. Compliance with this Policy

8.1. All individuals identified in Section 2 of this policy are expected to adhere to the standards set within this policy.

8.2. Senior leaders and managers must agree local protocol for the standards of dress, within the parameters of this policy. This must be disseminated effectively to their teams and managers must ensure (through local induction for new staff and team meetings for existing staff) that teams understand and adhere to local protocol and the policy requirements.

8.3. If an individual does not comply with the standards, Line Managers will discuss the issue informally and agree a way forward.

8.4. In addition, staff may be asked to return home to change. In such circumstances, staff will usually be expected to make up any time lost. Alternatively, staff may be informed that certain items are not acceptable and should not be worn again.

8.5. If despite these measures, an individual continues not comply with the policy and local standards, the issue will be addressed through the Trust’s Disciplinary Policy and Procedure.

9. Monitoring the Effectiveness of this Policy

9.1. The effectiveness of this policy will be monitored through the following mechanisms:

- Outcomes of patient and staff survey
- Overview of any disciplinary and grievance issues

10. Policy Review

10.1. The policy contained in this document will be in place for three years following ratification. An earlier review can take place should exceptional circumstances arise or new guidance is issued resulting in part or all of this policy being insufficient for purpose.

11. Associated Documents

- Disciplinary Policy and Procedure
- Grievance Policy and Procedure
- Infection Prevention and Control Policy
- Hand Hygiene Procedure: Infection Prevention and Control Policy Appendix 6 Hand (SH CP 12)
- Losses and Special Payments Guidance
- Smoke Free Trust Policy
- Standard Precautions Procedure: Infection Prevention and Control Policy, Appendix 5 (SH CP 19)
- The Health and Safety at Work Act 1974
• The Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Infections and Related Guidance (Department of Health, 2010)
• Standard Clinical Uniform and Procurement Codes
• Uniform and Workwear. Guidance on Uniforms and Workwear Policies for NHS Employees (Department of Health, 2010)
• Wipe it Out - Guidance on Uniforms and Work Wear (RCN 2013)

12. Supporting References

• www.dh.gov.uk The Department of Health provides strategic leadership for public health, the NHS and social care in England. Its purpose is to improve England’s health and well-being and in doing so achieve better health, better care, and better value for all.

• www.his.org.uk The Healthcare Infection Society is a charity whose objectives are to advance knowledge of, foster scientific interest in and disseminate information about the prevention and control of hospital and other healthcare associated infections, to medical and allied professionals for the benefit of the public.
Appendix 1: Equality Impact Assessment

The Equality Analysis is a written record that demonstrates that you have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by the Equality Act 2010.

Stage 1: Screening

<table>
<thead>
<tr>
<th>Date of assessment:</th>
<th>April 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Policy/Procedure/Process</td>
<td>Standards of Dress, Uniform and Personal Appearance Policy</td>
</tr>
<tr>
<td>Name and job title of person completing the assessment:</td>
<td>Ricky Somal: Equality and Diversity Lead</td>
</tr>
<tr>
<td>Responsible department:</td>
<td>Human Resources and Procurement</td>
</tr>
</tbody>
</table>

Intended equality outcomes:
This policy sets the standard that Southern Health NHS Foundation Trust staff should adhere to in regards to their standards of dress, uniform and personal appearance. It is important that all staff dress codes adhere to the following principles:
- Comply with infection control policies
- Comply with relevant health and safety policies
- Support a secure and safe environment
- Be respectful and reassuring for patients, carers and visitors
- Maintain staff dignity
- Promote the Trust as a competent, trustworthy and professional organisation.

Who was involved in the consultation of this document?

Please describe the positive and any potential negative impact of the policy on service users or staff.

In the case of negative impact, please indicate any measures planned to mitigate against this by completing stage 2. Supporting Information can be found be following the link: www.legislation.gov.uk/ukpga/2010/15/contents

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Positive impact</th>
<th>Negative impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>None identified, as the impact is expected to be positive in providing a fair; consistent; transparent and accessible process for all employees.</td>
<td>None identified, as the impact is expected to be positive in providing a fair; consistent; transparent and accessible process for all employees.</td>
</tr>
<tr>
<td>Disability</td>
<td>Southern Health is associated with the ‘Positive about Disability Symbol (two ticks) and will respond positively to requests for reasonable adjustments. Advice can be sought from the trust HR team and Occupational health.</td>
<td>None identified, as the impact is expected to be positive in providing a fair; consistent; transparent and accessible process for all employees.</td>
</tr>
<tr>
<td>Gender reassignment</td>
<td>This policy aims to embed a policy that is open, fair and transparent so that we provide high quality safe services that are person and patient centred.</td>
<td>None identified, as the impact is expected to be positive in providing a fair; consistent; transparent and accessible process for all employees.</td>
</tr>
<tr>
<td>Marriage &amp; civil partnership</td>
<td>This policy aims to embed a process that is open, fair and transparent so that we provide high quality safe services that are person and patient centred.</td>
<td>None identified, as the impact is expected to be positive in providing a fair; consistent; transparent and accessible process for all employees.</td>
</tr>
<tr>
<td>Pregnancy &amp; maternity</td>
<td>This policy aims to embed a process that is open, fair and transparent so that we provide high quality safe services that are person and patient</td>
<td>None identified, as the impact is expected to be positive in providing a fair; consistent; transparent and accessible process for all employees.</td>
</tr>
<tr>
<td>Race</td>
<td>Southern Health provides an interpreting and will respond to proving information in alternative formats upon request.</td>
<td>None identified, as the impact is expected to be positive in providing a fair; consistent; transparent and accessible process for all employees.</td>
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<tr>
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<tr>
<td>Religion</td>
<td>Exposure of the forearms is not acceptable to some staff in regard to their Islamic faith. The (Muslim Spiritual Care Provision) 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. - 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, elasticsed 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). It is recognised that some uniforms may be in conflict with the dress codes of specific religions or cultures (e.g. head coverings, jewellery, long sleeves etc.). In particular, there is evidence that adopting 'bare below the elbows' has presented difficulties for some Muslim female healthcare workers and students. Indeed, it has been reported that some staff had had such difficulty with those dress code provisions as to find that they could no longer continue in their jobs.</td>
<td>None identified, as the impact is expected to be positive in providing a fair; consistent; transparent and accessible process for all employees.</td>
</tr>
<tr>
<td>Sex</td>
<td>This policy aims to embed a process that is open, fair and transparent so that we provide high quality safe services that are person and patient centred.</td>
<td>None identified, as the impact is expected to be positive in providing a fair; consistent; transparent and accessible process for all employees.</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>This policy aims to embed a process that is open, fair and transparent so</td>
<td>None identified, as the impact is expected to be positive in providing a fair;</td>
</tr>
</tbody>
</table>

Standards of Dress, Uniform and Personal Appearance Policy
Procurement Administrator / HR Best Practice Lead
Version 2
May 2015
that we provide high quality safe services that are person and patient centred.
consistent; transparent and accessible process for all employees.

Stage 2: Full impact assessment

<table>
<thead>
<tr>
<th>What is the impact?</th>
<th>Mitigating actions</th>
<th>Monitoring of actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is evidence that wearing of hand or wrist jewellery compromises the undertaking of effective hand hygiene. DH guidance makes it clear that it is poor practice to wear any jewellery, including a wristwatch, on the hands or wrists during direct patient care activity. Southern Health is aware that there will be instances where, for religious reasons, members of staff may wish to wear a bracelet (for example the Sikh Kara) when they are not engaged in direct patient care activities. In these circumstances it is good practice to ensure such bracelets can be pushed up the arm and secured in place for hand washing and direct patient care activity.</td>
<td>Bare Below the Elbow: The Trust hand hygiene appendix supports the pushing up of long sleeves.</td>
<td>Policy review</td>
</tr>
</tbody>
</table>