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Introduction

- 1.1 This policy applies to all staff both Clinical & Non-clinical working within the Trust and includes those on secondment or placement from another department, organisation or student placements or volunteers with the Trust.
- 1.2 For the purpose of this policy the definitions used for Clinical and Non-Clinical Staff are: ALL Staff – employees of the Trust including uniformed, managerial, administrative and support staff, clinical non-uniformed staff and medical staff– those staff who wear their own clothes to work and provide clinical care in a variety of settings e.g. Specialist Nurses. Clinical Uniformed Staff- staff who are provided with a uniform to provide direct or indirect clinical services. This includes Estates and Facilities staff and administrative staff. Non-clinical non-uniformed staff – staff providing services within the trust which are neither direct nor indirect clinical services.
- 1.3 The policy accommodates personal and cultural diversity where this does not compromise safety of patients or staff, or compromise the professional standing of the individual or the Trust. Adjustments to accommodate disability will be determined on an individual basis, with advice and support from Occupational Health and Human Resources.
- 1.4 This policy reflects best practice and available evidence with regard to the wearing of suitable dress and uniforms.

2 Policy Statement/Objective

The purpose of this policy is to clarify the standards that staff are required to comply with in order to: -

- 2.1 Demonstrate a positive image of professionalism through personal appearance whether in or out of uniform. Encouraging confidence in service users, patients and the general public as well as allowing easy identification of staff members.
- 2.2 Minimise the risk of cross infection, protect staff and promote health and safety.
- 2.3 Comply with - Uniforms and Work wear: guidance on uniform and work wear policies for the NHS employers, Department of Health March 2010.
- 2.4 Comply with – The Health and Social Care Act 2008.
- 2.5 Maintain professional accountability, as defined by professional bodies/councils.

3 Equality and Diversity

- 3.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff patient or public) will receive less favorable

treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): sexual orientation, gender, age, gender reassignment, pregnancy and maternity, disability, religion or belief, race, marriage and civil partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social – economic status, political affiliation or Trade union membership.

The Trust embraces the diversity of cultures and religions and recognises the positive contribution of employees with disabilities, and endeavors to take a sensitive approach when this affects dress and uniform requirements. Priority to health and safety, security and infection control must be considered. All employees will be treated in a fair and equitable manner recognising any special needs of individuals where adjustments may need to be made. No member of staff will suffer any form of discrimination, inequality, victimisation, harassment or bullying as a result of implementing this policy.

3.3 Consultation via the Department of Health, and the Muslim Council of Britain have confirmed that if a dress code is a requirement of the job to prevent microbiological related infections it is permissible to comply with the Department of Health (2007) guidance which was subsequently updated in March 2010. Further information is available from the following link: [Advice from Muslim Spiritual Care Provision](#) which is Appendix B of the DoH Uniforms and workwear: Guidance on uniform and workwear policies.

3.4 An Equality Impact Assessment has been completed, see [Appendix 6](#)

4 Roles and Responsibilities

4.1 Chief Executive

The Chief Executive has overall responsibility for all policies and procedures within the Trust

4.2 Directors

The Directors will ensure that this policy is implemented within their areas of responsibility or delegate the responsibility to Assistant Directors and Heads of Service.

4.3 Trust Dress Code and Uniform Group

The Dress Code and Uniform Group will oversee the monitoring of this policy and agree future uniform requirements of the Trust.

4.4 Managers and Senior Clinicians

Managers and Senior Clinicians are responsible for ensuring the policy is adhered to within their area of responsibility and control. 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 the Trust Bulletin, All Managers meeting and via the Trust intranet, Team meetings and supervision sessions.

The ordering procedure applies to all staff and line managers (see Appendix 2). Where uniforms are required to be purchased direct from the supplier this should be in adherence to the policy and through Line Management. Uniform cannot deviate from that set out centrally by the Trust without agreement of the Dress Code and Uniform Group. (See [Appendix 3](#)).

Requests for variations to the policy to meet specific requirements, based on religious or cultural norms and / or special needs, will be considered by the Line Manager.

Managers must ensure that:

- Where uniforms are required an initial set of uniforms are ordered based on the role and hours worked
- Employees are made aware of the standard of dress within the policy
- New or replacement uniforms will only be issued against properly completed and authorised requisitions and in agreement with the line manager
- Policies are implemented, monitored and enforced.

Cardigans/fleeces are not funded by the Trust; however Trust logoed fleeces may be purchased from the Sewing Room. Where staff purchase from external suppliers, these must be of appropriate colour as detailed in Appendix 3, and washable to temperatures agreed within the Infection Control Policy and provided by the individual. They may not be worn when attending to patients / clients.

4.5 **Employees**

It is the employee's responsibility to:

- Adhere to the standards of dress and personal appearance appropriate to their staff group at all times
- Inform their manager in a timely manner should their uniforms need replacing
- Comply with this and any other associated policies and procedures
- Maintain a high level of personal hygiene and appearance at all times.
- Promote compliance with this policy across all staff groups.
- Discuss any individual requirements with their manager.

Staff that are deemed by a line manager or senior person on duty to be contravening the Dress Code and Uniform Policy will be asked to adhere to the recommendations as soon as practicably possible. This may include instructing the

staff member to return home and re-present for work in more appropriate clothing. Failure to comply with this policy may result in disciplinary action.

5 Principles of the Dress Code and Uniform Policy for ALL staff

- 5.1 Non clinical-non uniformed staff are required to adhere to **ALL** elements of section 5 when entering clinical areas of the Trust.(Please see section 7 for variations).
- 5.2 Appear clean, tidy and smart and portray a professional image and instill public confidence in all care settings at all times.
- 5.3 Be identifiable by their photographic identification badge and yellow name badge (where issued) which should be worn at all times, in all areas for security and identity purposes. Whilst taking breaks or at the end of working hours ID badges should be covered or removed for personal safety reasons.
- 5.4 Staff will use the lanyard provided with their identity badge. Approved National campaign lanyards may be worn at the time of the campaign as long as the lanyard complies with the Trust's Security Identity Policy.
- 5.5 Hair to be kept clean, tidy and tied back if longer than shoulder length, essential requirement for clinical staff (non- clinical non-uniform please see section 7).Hair colour should portray a professional image. Hair accessories should be washable and kept to a minimum. Beards and moustaches should be short and neatly trimmed unless this reflects the individual's religion where it should be tidy.
- 5.6 Headscarves/turbans/veils may be worn for religious or health related reasons, but must be plain and undecorated. The scarf should not interfere with aseptic procedures. They should be changed along with the uniform and be laundered at the appropriate temperature for infection control purposes.
- 5.7 Wigs may be worn for health related reasons but must be kept clean and tidy and comply with infection control requirements.
- 5.8 Jewellery should be discreet and not pose a risk to self or others. Jewellery for staff working in clinical areas and patient homes should be kept to a minimum of one plain ring and small stud earrings only. Rings with stones should NOT be worn in a clinical situation with direct client/patient contact as they are likely to cause injury to patient, staff or visitors and pose a risk to effective hand washing
- 5.9 Visible body piercing should be discreet and secure. This includes ear jewellery not worn in the ear lobe, nose stud/rings, tongue studs and other visible piercing. (DOH 2010).
- 5.10 The Trust will not be liable for any injury sustained by an employee caused by the wearing of jewellery.

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- 5.11 Jewellery an employee has been asked to remove remains the responsibility of the wearer. The Trust is not responsible for loss of jewellery worn to work.
- 5.12 Make up should be discreet and kept to a minimum.
- 5.13 The use of strong smelling fragrances or body sprays should be avoided. Line Managers will use their discretion to discuss with staff members who may be unaware of the strength of their fragrance.
- 5.14 It is recognised that in today's society many individuals now have tattoos and body art is becoming more popular. There are certain images or words that could be offensive to some and staff with visible body art should be open to discussion about how to manage concerns if any are raised.
- 5.15 Any new visual body art must be healed fully before returning to duty. Recovery time will be not be taken as sick leave but in the individual's own time.
- 5.16 Clothing should be appropriate for the type of work the individual carries out, and not expose oneself or others to unnecessary risk. The excessive exposure of flesh is to be avoided and the following are considered acceptable work wear:
- Skirts and dresses of an appropriate length (length just above or below knee).
 - Tailored or smart casual trousers.
 - Short or long sleeved shirts/blouses.

The following are considered as not acceptable:

- Skirts/dresses with extreme slits or short enough to reveal underwear.
 - See through clothing
 - Low cut necklines.
 - Tops or blouses which expose the midriff or shoulders (e.g. tops with string/thin straps)
 - Vests, under garments / T-shirts to be visible
 - T-shirts with advertising or inappropriate / offensive language or pictures
 - Jeans, ski pants or leggings (there may be certain circumstances where this is appropriate e.g. drug and alcohol teams, some social work home visits)
 - Jogging bottoms unless required as part of role – therapy team, lifestyles team
- 5.17 Tailored shorts, in conjunction with uniform polo shirts, will be provided to staff; working within an exercise setting, delivering treatment programmes requiring prolonged physical activity, staff delivering treatment programmes with sustained physical postures and positioning, requiring flexibility or access around equipment and patients. Manager's approval will be required for a decision on whether shorts are appropriate for the individual's role and working environment.

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- 5.18 When wearing special clothing for travel to and from work (e.g. cycle or motorcycle wear), it is expected that this will be changed before and after completing work and stored appropriately.
- 5.19 The wearing of neck ties is optional and should be removed during care activity which involves patient contact. This does not include bow ties. Staff should be aware of high risk situations where ties may not be appropriate and could cause risk or harm.
- 5.20 The following badges are permitted up to a maximum of two:
- Badge of a professional organisation or Trade Union
 - Approved National campaign badges may be worn at the time of the campaign.
 - Name badges are to be yellow with black writing and include the NHS logo
- All badges must be removed in situations where they are likely to cause injury to service users, staff or visitors.
- 5.21 All footwear should support the foot, be low heeled, with a closed toe and heel, and non-slip soft sole. This protects from risk of injury, including spills, dropped objects or contamination. Soft soles are required to reduce noise in patient and surrounding areas (Non-clinical non-uniformed see [section 7](#))
- 5.22 In the interests of health and safety, hygiene and infection control, nails should be short, clean and well maintained. Nail varnish, where it is worn, should be in good condition. (Restrictions apply for staff working in clinical areas and food handlers)
- 5.23 Tights / stockings / socks worn by staff should maintain a professional image, except in conditions/environments when permission is given by the local manager and should not detract from the overall appearance of the uniform / professional image for example, neutral, black, navy or plain colour.

Clinical Uniformed Staff

- 6.1 Staff based within a hospital setting should arrive and leave in their own clothes, where changing room facilities are available they should change into uniform at the Trust premises. Where this is not possible an outdoor coat / appropriate garment, which is fastened should be worn to cover the uniform fully from display.
- 6.2 Staff should not wear an uncovered uniform outside NHS premises unless on NHS business. Staff arriving/leaving a patients house should have the uniform covered to maintain confidentiality respecting the need to follow Section 8 in extreme heat.
- 6.3 Staff should wear a clean, presentable and crease free uniform for each clinical shift.

6.4 Staff who smoke must not smoke in uniform or be identifiable as a healthcare worker. Staff should adhere to the Trust Smoke Free policy.

6.5 Footwear should be:

- Low heeled
- Navy or black with a closed toe and heel, low heel and non-slip soft sole
- Plain navy, or black (or white for specific staff groups) trainers or shoes (with a trainer style sole) may be worn where appropriate to the work area. They must be non-porous with a non-marking sole
- Lace up, velcro or buckle fastenings are all acceptable. Laces must match shoes
- Plain black 'Crocs' with a filled in toe and heel (not backless), upper surface with no holes, can be worn
- Theatre staff must wear the footwear provided by the Trust
- Approved safety shoes must be worn by designated staff
- All footwear must be clean and well maintained

The following are not acceptable in clinical / department areas:

- Open backed shoes, clogs, mules, flip flops and open toed sandals
- Suede or fabric shoes

6.6 Nails should be kept short and clean with no nail varnish or nail extensions. False nails harbour micro-organisms and make effective hand washing difficult.

6.7 Long hair should be worn off the collar and should not fall forward when leaning to undertake clinical work. Hair accessories should be washable and kept to a minimum.

6.8 Pocket contents should be kept to a minimum to prevent risk to self and patients.

6.9 Staff should have access to a spare uniform at all times in case of contamination or visible soiling when the uniform should be changed immediately.

6.10 Wear the uniforms they are issued with in line with this policy and Infection Prevention and Control Procedures. Uniforms remain Trust property and should be returned when staff leave Trust employment or changes in uniform are requested by the Trust or individual for renewal.

6.11 Trust uniform cannot be worn when working for other organisations e.g. nursing agency work, and cannot be used for social wear by yourself or others e.g. fancy dress

6.12 Where a belt forms part of the designated uniform, it must be elasticated with a neat fastening and be fitted in such a way as to enable the belt to be laundered at a minimum temperature of 60 degrees centigrade. It must be removed if it is deemed

to constitute a hazard to a service user. Buckles should not pose a risk to service users and must be washable to infection control standards.

- 6.13 There should be no visible necklaces, chains, bracelets, ankle chains. This includes items in all metals or materials, including those worn for therapeutic purposes
- 6.14 All wrist watches should be worn in accordance with the Trust Bare from the Elbow Down principles, removed before hand washing and prior to patient contact.

7. Non-clinical, non-uniformed staff

- 7.1 Staff will comply with the standards for all staff ([Section 5](#)) although the following may differ dependent on role and working environment.
- 7.2 Footwear must be appropriate to the environment in which they work and reflect a professional image at all times. Flip flops are not acceptable in any working environment.
- 7.3 Wear protective clothing issued for Health and Safety reasons and Infection Control Policies and guidelines.
- 7.4 Hair that is longer than shoulder length must be fastened back for certain working environments.

8. Visibility in Poor light

- 8.1 Those staff working outside during hours where light is reduced e.g. winter early mornings, late afternoon, early evening and late at night are required to wear HIGH VISIBILITY vests (issued by the Line Manager) on top of their outer coat, uniform or non-uniform dress where the outdoor coat does not have built in reflectors or is not being worn.
- 8.2 Torches will also be issued by the Line Manager where appropriate to ensure staff can adequately see and be seen when moving from their vehicle to a service users home/any premises.

9. Health & Safety

- 9.1 Clothing and footwear worn should be appropriate for the type of work the individuals carry out, and not expose oneself or others to unnecessary risk.
- 9.2 Potential hazards relating to 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).

10. Scrubs

- 10.1 In certain clinical situations including Surgical Podiatry procedures, Dentistry, Medical Practitioners in a community hospital setting, Clinical Staff visiting or working on wards with outbreaks, e.g. Norovirus, will change into scrubs. These are changed into and out of in a designated area on the ward and are not removed from site. They are laundered centrally. A clean set of “scrubs” must be worn for each clinical shift and changed if contaminated or visibly soiled.

11. Bank and ad hoc staff including students

- 11.1 Any bank staff undertaking bank work should wear the uniform that reflects the bank position they are working in. All students are expected to comply with the principles of this policy whilst in their placement within the Trust, and therefore demonstrate a clean and tidy appearance observing rules on jewellery and smoking.

12. Infection Control

- 12.1 Good hand hygiene is well recognised as the single most important factor in the prevention of cross infection (please refer to the Trust Hand Washing Policy). Staff must apply the Bare from the Elbow Down Principle (i.e. all wrist jewellery must be removed – except one plain ring with no stones and no long sleeves below the elbow are allowed).

13. Maternity wear and weight variance

- 13.1 Reissued uniforms are available for staff who experience weight variance, and for pregnant staff as required.

14. Termination of Employment

- 14.1 Uniforms remain the property of the Trust and must be returned by staff when they leave their employment or retire. Identification badges must also be returned before leaving employment.
- 14.2 All Staff leaving the Trust who have been provided with a Trust Uniform must return their uniform to their Line Manager. Failure to do so will result in the appropriate deduction of pay from their final salary in line with the terms and conditions of the contract of employment.

15. Laundry Guidance

- 15.1 Staff that are required to wear a uniform will be provided with the adequate number of uniforms by the Trust. The Trust will within resources available, purchase quality clothing that meets infection control and health & safety requirements. The uniform provided must be worn and maintained in a clean condition and in good repair. Staff must presume some form of contamination, even on uniform or clothing which is not

visibly soiled. Staff must therefore change out of their uniform promptly at the end of each shift. A clean and fresh laundered uniform must be worn daily

- 15.2 The Trust does not have facilities for uniform laundering and staff are required to wash their own uniform. The following guidance should be followed when handling and decontaminating socially soiled uniforms:
- Wash separately from other items, in a washing machine. National guidance recommends washing at 60 degrees centigrade for ten minutes.
 - Wash in laundry detergent in the quantities recommended by the manufacturer
 - Dry quickly or tumble dry and iron (should be crease free)
 - Hand washing uniforms is ineffective and therefore not acceptable(RCN2005)
 - Theatre Scrubs will be supplied and laundered by the Trusts approved laundry contractor
- 15.3 Clean and dirty uniforms should not be stored or transported together. Staff who have been working in a contaminated area should change as soon as possible placing the uniform in a plastic bag and seeking advice from Infection Control team as to how to decontaminate their uniform.

16. Monitoring Auditing Reviewing and Evaluation

- 16.1 Staff compliance with this policy will be measured by:
- Spot checks of dress, accessories and uniform compliance using the agreed dress code / audit tool.
 - Questioning samples of staff regarding knowledge of the policy, washing, cleaning routines and health and safety risks.
 - As part of the infection prevention and control audit process results will be available through Datix.
 - Individual staff adherence will be monitored through 1:1s and as part of the appraisal process and the Dress Code and Uniform Group

Appendix 1 – The Legal Framework

The main legislation that affects an organisations response to the transmission of infection via uniforms or work wear is outlined below:

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

References:

- Department of Health: (2008) The Health and Social Care Act 2008: A Code of Practice for health and adult social care on the prevention and control of infections and regulated guidance. London. Department of Health
- Department of Health: (2007) Uniforms and Work wear: An evidence base for developing local policy. London. Department of Health 2007
- [Department of Health: \(2010\) Uniforms and Work wear; Guidance on uniform and work wear policies for NHS employers.](#) London Department of Health 2010
- Royal College of Nursing (2005) - Wipe it out RCN Campaign on MRSA. Guidance on uniforms and clothing worn in the delivery of patient care. Royal College of Nursing: London

Appendix 2- Uniform Ordering Procedure

1. Uniform Ordering Procedure

This revised procedure is designed to up-date practice in uniform issue

Uniform items will only be issued against properly completed and authorised requisitions.

The main uniform budget is held centrally for most staff groups but this should not prevent proper individual departmental control of uniform issue to their staff. Where uniforms are required to be purchased direct from the supplier this should be in adherence to the policy and through Line Management. Uniform cannot deviate from that set out centrally by the Trust without prior consultation and agreement by the Dress Code and Uniform Group

A separate ordering system is in place for admin staff uniform and can be accessed via the health Records Web page/uniforms:

http://www.sdhct.nhs.uk/corporate/sdhis/health_records/Pages/uniforms.aspx

2. Ordering and Issue Locations

On receipt of a correctly authorised requisition (copy attached) the Sewing Room staff will check, if appropriate, for any available shelf stock, or will place an order for the items required. There is a limited amount of new stocks held at present.

Some uniform items are on long delivery times and this should always be taken into account when requesting uniform for new starters.

When uniform is received, staff will be telephoned to arrange a time for collection. Staff are responsible for any alterations to length of dresses or trousers if necessary.

3. Issue Quantities

Staff will be issued with one set of uniforms for each contracted work day up to a maximum of 3, irrelevant of either part time or full time, unless local arrangements are in place.

When requesting uniform, staff must allow for seasonal changes. It is not possible to accommodate changes in uniform allocation after initial use.

Appendix 3 Uniform Specification

All community nurses and support workers will be issued with a uniform coat

Director of Nursing/Deputy Director of Nursing/Associate Directors of Nursing

- Pink tunic
- Navy blue trousers
- Navy blue Cardigan (not supplied)

Emergency Department Medical Staff

- Bottle Green Scrub Top
- Bottle Green Scrub Trousers

Matron

- Purple dress
- Purple tunic
- Navy blue trousers
- Navy blue Cardigan (not supplied)

Band 7 (Ward manager, Community Matrons, Community Nurse Zone leads)

- Navy blue dress
- Navy blue tunic
- Navy blue trousers
- Smart Scrubs may be issued in place of dresses and tunics
- Purple epaulettes / Belts
- Navy blue Cardigan (not supplied)

Band 6 (Ward Sister, Community Nurse Team Sister, Intermediate care sister, Minor Injuries Sister)

- Navy blue dress
- Navy blue tunic
- Navy blue trousers
- Smart Scrubs may be issued in place of dresses and tunics
- Navy blue Cardigan (not supplied)

Band 5 (Registered Nurses in all settings)

- Metro blue dress
- Metro blue tunic
- Navy blue trousers
- Smart Scrubs may be issued in place of dresses and tunics
- Navy blue Cardigan (not supplied)

Band 4 Assistant Practitioners

- Sky blue dress
- Sky blue tunic
- Navy trousers
- Smart Scrubs may be issued in place of dresses and tunics
- Navy blue Cardigan (not supplied)

SWIC's (Support Workers in Intermediate Care)

- White Tunics
- Navy blue trousers
- Navy Blue Cardigan (not supplied)

Band 3 & 2 (Health Care assistants) –Substantive Staff

- Light green dress
- Light green tunic
- Navy blue trousers
- Smart Scrubs may be issued in place of dresses and tunics
- Navy blue Cardigan (not supplied)

Bank Health Care Assistants

- Light green dress *
- Light green tunic *
- Navy blue trousers
- Navy Blue Cardigan (not supplied)

***Smart Scrubs will not be available for Bank Health Care Assistants as epaulettes will be issued and worn to denote competency. Red Epaulettes will be issued to new starters which will be replaced by Green Epaulettes once training completed and competency signed off.**

Infection Control Team (all Bands)

- Red Smart Scrubs top with navy piping
- Navy blue Smart Scrubs Trousers
- Navy blue Cardigan (not supplied)

Physiotherapy Service

- White short sleeved polo shirt with navy collar/embroidered NHS Chartered Physiotherapist with NHS logo
- White tunic with navy piping/ embroidered NHS Chartered Physiotherapist with NHS logo
- Navy blue trousers or navy blue combat trousers, navy blue tailored shorts
- Outdoor coat for those delivering care in the health community only
- Navy Blue Cardigan (not supplied)

Physiotherapy Assistants

- Pale blue polo shirt with navy collar
- Pale blue tunic
- Navy blue trousers or navy blue combat trousers, navy blue tailored shorts
- Outdoor coat for those delivering care in the health community only
- Navy blue Cardigan (not supplied)

Occupational Therapy Service

- White polo shirt with bottle green collar
- White tunic with bottle green piping
- Bottle green trousers or bottle green combat trousers
- White dress with bottle green piping
- Outdoor coat for those delivering care in the health community only
- Green Cardigan (not supplied)

Dentistry clinical setting (Dentists, dental therapists & dental nurses)

- Blue Laundry Issue Theatre scrubs (pooled item)
- Navy Blue Cardigan (not supplied)

Podiatry (Podiatrists, C S W, Assistant Practitioners)

- Plain White Tunic
- Grey Trousers
- Navy blue Scrubs
- Outdoor coat for those delivering care in the health community only
- Navy Blue Cardigan (not supplied)

Podiatrists undertaking nail surgery procedures

- Blue Laundry Issue Theatre Scrubs (pooled item)

Phlebotomists

- White tunic top with lilac piping
- Navy blue Trousers
- White Dress with lilac piping
- Navy Blue Cardigan (not supplied)

Radiographers

- White tunic top with burgundy piping
- Burgundy Trousers
- White Dress with burgundy piping
- Navy Blue Cardigan (not supplied)

Radiographer Assistants

- White tunic top
- Burgundy Trousers
- White Dress
- Navy blue Cardigan (not supplied)

Facilities Supervisor

- Pin Stripe black Tunic / Dress (Female)
- Blue Shirt (Male)
- Black Trousers
- Navy blue Cardigan (not supplied)

Facilities Staff**Female**

- Stripped blue and white dress
- Stripped blue and white tunic
- Blue Polo Shirt (female porters)
- Navy blue trousers
- Navy blue Cardigan (not supplied)

Male

- Blue Polo Shirt
- Navy blue trousers or navy blue combat trousers,
- Navy blue Cardigan / Jumper (not supplied)

Chefs

- Chef tunic
- Chef trousers
- Skull Cap
- Apron

Catering Assistants

- Jade Green Polo Shirt
- Black Trousers
- Black Baseball Cap
- Black Apron
- Navy Blue Cardigan (not supplied)

Administration staff (Direct service users contact/front line)**Female**

- Green blouse
- Dark Navy skirt
- Dark Navy trousers
- Navy Blue Cardigan (not supplied)

Male

- Mid blue shirt
- Dark Navy trousers

Clinical Educators (Including ECSEL; Clinical Practice; Vocation Education & Mandatory Training)

- Dark grey with white piping

Speech and Language Therapists

- White with aqua piping tunic, embroidered with Speech and Language therapist
- Black trousers

Estates Staff

- Black polo shirt
- Grey trousers
- Black fleece jackets
- Totector boots
- Hi Vis jackets

Grounds & Gardens

- Green/ Black polo shirts
- Dark colour trousers
- Safety gear

Patient Transport Services

- White pilot shirt with PTS epaulettes
- Navy combat trousers
- Navy fleece

Appendix 4 – Audit tool –Uniformed Staff

Department/Ward / Team:		Department/Ward Staff									
Auditor:	Date of Audit:	1	2	3	4	5	6	7	8	9	10
Member of staff “Bare from the elbow down”											
The supplied uniform is worn											
The uniform should be crease free											
The uniform should not be damaged											
The uniform should be clean and odour free											
Vests, T-shirts or under garments are not visible											
Belt buckle removed when moving and handling patients											
Hair clean, neat and tidy (long hair should be tied up and fastenings minimal)											
Wristwatch removed in clinical situations											
Earrings: small plain stud earrings											
Rings: one plain ring band only											
No visible necklaces, chains, bracelets, ankle chains? This includes items in all metals or materials, including those worn for therapeutic purposes											
Trust issued ID badge worn (This should show a current recognizable image of the member of staff with the full name of the member of staff visible)											
Trust issued yellow name badge worn											
If badge worn was it of a Professional Organisation or Trade Union or an approved National Campaign badge may be worn at the time of campaign (optional)											
Shoes: Low heeled, navy or black (white for specific staff groups), closed toe and heel, non-slip soft sole, non-porous with non-marking sole, laces match, clean and well maintained											
Shoes clean and well maintained											
Laces should match shoes											

	1	2	3	4	5	6	7	8	9	10
Open toed shoes are not acceptable for clinical staff.										
Stockings, tights and socks should not detract from the overall appearance of the uniform and should be skin coloured, black or navy										
Uniform colour cardigans/sweatshirts must not be worn whilst attending patients										
No outer garments should be worn in clinical areas										
All outer garments should be of a suitable length when worn over tunics/dresses to cover the length of the garment (community based staff)										
Nails should be kept short, clean and neat										
Nail varnish, false nails, nail extensions or nail Jewellery / gems are not permitted										
Are staff able to access current policies? i.e. Computer access										
Score										
Possible Score										
Awareness of the policy										

Appendix 5

Terms of Reference Dress Code and Uniform Group

The remit of the group is to monitor the dress code and uniform policy, agree/update changes to the policy, review requests for the implementation of new uniforms throughout Torbay and South Devon NHS Foundation Trust
The group will meet quarterly

Membership

- ◆ Deputy Director of Nursing - Chair
- ◆ Matron – Cancer Services
- ◆ Matron –Community Hospitals
- ◆ Head of Physiotherapy
- ◆ Hotel Services Lead
- ◆ Infection Control Nurse
- ◆ HIS Representative
- ◆ Human Resources Representative
- ◆ Procurement Representative
- ◆ Staff Side Representative

Terms of Reference

- ◆ To ensure the Trusts' Dress Code and Uniform Policy is implemented and adhered to throughout the Trust
- ◆ To develop and update the Trusts' Dress Code and Uniform Policy
- ◆ To agree new uniform requests for use throughout the Trust
- ◆ To review the outcome of the uniform audits and action any necessary issues
- ◆ To participate in the tendering process for new uniforms and agree quality and styles

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

Ref No:	1852		
Document title:	Dress Code and Uniform Policy		
Purpose of document:	Policy		
Date of issue:	29 June 2017	Next review date:	31 August 2021
Version:	5	Last review date:	
Author:	Dress Code and Uniform Group		
Directorate:	Organisation-Wide		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Uniform Group JCNC		
Date approved:	11 May 2017		
Links or overlaps with other policies:	Security identity badge Policy Infection Control Policy Smoke Free Policy Diversity and Inclusion Policy		

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes <input type="checkbox"/>	
	<i>Please select</i> Yes No	
Does this document have implications regarding the Care Act? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have training implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have financial implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>
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Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
	2	Review & alignment of previous NHS Devon and Torbay Care Trust Policies	Care and Clinical Policies Group
May 2013	3	Presented to care and clinical policy group – further amendments required	Care and Clinical Policies Group
26 June 2013	4	Final Version	
20 November 2015	4	Extended until May 2016	Care and Clinical Policies Group
29 June 2017	5	Revised	Uniform Group JCNC
20 February 2018	5	Review date extended from 2 years to 3 years	
26 February 2021	5	Review date extension	System Director of Nursing and Professional Practice – South Devon

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on ICON.

<https://icon.torbayandsouthdevon.nhs.uk/areas/mental-capacity-act/Pages/default.aspx>

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users	<input type="checkbox"/>	Staff	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
Could the policy treat people from protected groups less favourably than the general population? PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users	<input type="checkbox"/>	Trade Unions	<input type="checkbox"/>
Protected Groups (including Trust Equality Groups)		<input type="checkbox"/>	
Staff	<input type="checkbox"/>	General Public	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below			Yes <input type="checkbox"/> No <input type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	
Validated by (line manager)		Signature	

Please contact the Equalities team for guidance:

For Devon CCG, please email d-ccg.equalityanddiversity@nhs.net & d-ccg.QEIA@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pdf.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation

Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.