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Dear

Freedom of Information Act Request

I am writing in response to your e-mail of the 4th August 2024. Your request has been processed using the Trust's procedures for the disclosure of information under the Freedom of Information Act (2000).

Requested information:

- Full copy of your most recent staff uniform/ dress code policy
- If there is a separate uniform policy for surgical theatres, please can you send this by email too.

Please see Appendix 1 attached.

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review of the management of your request. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Dr Buki Adeyemo, Chief Executive, North Staffordshire Combined Healthcare Trust, Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely



Nicola Griffiths
Deputy Director of Governance

Document level: Policy
Code: 1.15
Issue number: 2

Dress Code and Uniform Policy

Lead executive	Chief Nursing Officer
Authors details	Head of IPC/PH

Type of	Policy
Target	All Staff
Document purpose	To ensure all staff dress and present themselves in a manner that ensures infection prevention and control, health and safety standards and inspires professionalism and public trust, confidence in the organisation.

Approving meeting	PCDC Trust Board	Meeting date	6 th December 2021 13 th January 2022
Implementation date	8 th March 2022	Review date	31 st January 2025

Trust documents to be read in conjunction with	
<u>IPC</u>	Infection Control Policies and associated standard operating procedures
<u>5.00</u>	Health and Safety Policy
	HR/Workforce Policy
<u>5.11</u>	Security Policy
<u>1.67</u>	Smoke Free Policy
<u>3.01</u>	Disciplinary and Dismissal Policy and Procedure

Document change history		Version	Date
What is different?	Review in line with Department of Health guidance and		
Appendices / electronic forms	None		
What is the impact of change?	Clearer guidance for staff		

Training requirements	None Identified
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Document consultation	
Directorates	Via Nursing and Quality Policy Working Group
Corporate services	People & Culture Development Committee
External agencies	

Financial resource	None identified
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External references

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15. Royal College of Nursing (2009) Guidance on uniforms and work wear

<p>Monitoring compliance with the processes outlined within this document</p>	<p>A copy of this policy will be available on the Trust intranet and all staff involved will be expected to make themselves aware of the policy requirements.</p> <p>Staff reporting for duty in dress or appearance outside of this policy may be asked to return home to change into appropriate clothing or footwear / to remove jewellery etc. In such cases staff will be required to pay back any time lost to the service.</p> <p>Repeated noncompliance with this policy will be followed up by the line manager through 1:1 discussions with the member of staff and may result in action under the Trusts disciplinary policy.</p> <p>This policy will be reviewed 3 yearly or earlier in light of new national guidance /other significant changes.</p> <p>Compliance with this policy will be monitored. Where compliance is deemed to be insufficient and the assurance provided is limited, an action plan will be developed to address the gaps; progress against the action plan will be monitored at the specified group /</p>
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Equality Impact Assessment (EIA) - Initial assessment	Yes/ No	Less favourable / More favourable / Mixed
Does this document affect one or more group(s) less or more favorably than another (see list)?		
<ul style="list-style-type: none"> – Age (e.g. consider impact on younger people/ older people) – Disability (remember to consider physical, mental and sensory impairments) – Sex/Gender (any particular M/F gender impact; also consider impact on those responsible for childcare) – Gender identity and gender reassignment (i.e. impact on people who identify as trans, non-binary or gender fluid) – Race / ethnicity / ethnic communities / cultural groups (include those with foreign language needs, including European countries, Roma/travelling communities) – Pregnancy and maternity, including adoption (i.e. impact during pregnancy and the 12 months after; including for both heterosexual and same sex) – Sexual Orientation (impact on people who identify as lesbian, gay or bi – whether stated as ‘out’ or not) – Marriage and/or Civil Partnership (including heterosexual and same sex marriage) – Religion and/or Belief (includes those with religion and /or belief and those with none) – Other equality groups? (may include groups like those living in poverty, sex workers, asylum seekers, people with substance misuse issues, prison and (ex) offending population, Roma/travelling communities, and any other groups who may be disadvantaged in some way, who may or may not be 	<p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p>	
If you answered yes to any of the above, please provide details below, including evidence supporting differential experience or impact.		
Enter details here if applicable		
<p>If you have identified potential negative impact:</p> <ul style="list-style-type: none"> - Can this impact be avoided? - What alternatives are there to achieving the document without the impact? Can the impact be reduced by taking different action? 		
Enter details here if applicable		
Do any differences identified above amount to discrimination and the potential for adverse impact in	No	
If YES could it still be justifiable e.g. on grounds of promoting equality of opportunity for one group? Or any	Yes / No - N/A	

other reason	
Enter details here if applicable	
<p>Where an adverse, negative or potentially discriminatory impact on one or more equality groups has been identified above, a full EIA should be undertaken. Please refer this to the Diversity and Inclusion Lead, together with any suggestions as to the action required to avoid or reduce this impact.</p> <p>For advice in relation to any aspect of completing the EIA assessment, please contact the Diversity and Inclusion Lead at Diversity@northstaffs.nhs.uk</p>	
Was a full impact assessment required?	Yes / No
What is the level of impact?	Low / medium / high

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1. Executive Summary

This policy applies to all staff and is based on the Department of Health Guidance on Uniforms and Work Wear 2020 and reflects professional codes of conduct relating to appearance.

The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (DH 2010) requires that uniform and work wear policies ensure that clothing worn by staff when carrying out their duties is clean and fit for purpose and support good hand hygiene.

- The policy sets out the expectation that the staff of the Trust will present a professional and smart appearance to both patients and the public when at work. All staff are ambassadors for the Trust and recognise that their appearance acts as a visual measure of how the public views the Trust.
- This policy sets clear standards for dress code and appearance in the workplace for all staff and professional groups. The Dress Code and Uniform Policy content takes into account the different requirements for staff whose work involves direct patient care activity and those groups of staff who do not have a direct patient care activity element to their role.
- The objectives of the uniform elements of this policy fall into three key areas: patient safety, public confidence, staff comfort, as laid out in the Department of Health Guidance published in March 2010.

2. Introduction

This Dress Code and Uniform Policy sets out the expectation that the staff of NSCHT will present a professional and smart appearance to both patients and the public when at work as well as meet infection prevention and control standards. All staff employed by NSCHT are ambassadors for the Trust and should recognise that their appearance acts as a visual measure of how the public views the Trust. This has an impact on public confidence and the reputation of the Trust. It also reflects the feedback of patients and the public by both formal and informal routes.

The purpose of the Dress Code and Uniform policy is to:

- Convey a professional and efficient image of the Trust and its employees
- Give patients and public confidence
- Support practice standards for prevention and control of infection
- Have regard to Health and Safety at work
- Comply with professional codes of practice for all staff
- The uniform offers protection to the staff member wearing it and this is its primary function.
- Support the expression of individuality and inclusion of all individuals within the standards in this Code.

For the purpose of this policy a 'clinical area' is defined as:

Any area where face to face contact with patients and/or the public may occur e.g. reception areas and specific areas devoted to the diagnosis, treatment rehabilitation, therapy and care of patients on an in-patient setting e.g. wards, community residential units or out-patient settings e.g. community CAMHS.

Patient Safety

Effective hygiene and preventing infection are absolutes in all healthcare settings. Although there is no conclusive evidence that uniforms and work wear play a direct role in spreading infection, the clothes that staff wear should facilitate good practice and minimise any risk to patients or staff themselves. Uniforms and work wear should not impede effective hand hygiene, and should not unintentionally come into contact with patients during direct patient care activity. Similarly, nothing should be worn that could compromise patient or staff safety during care, for example false nails, studded rings, looped earrings, visible body piercing (Other than single stud earrings) and necklaces. Local policy allows a plain ring, such as a wedding ring to be worn. All other jewellery that forms a projection must not be worn by clinical staff.

Public Confidence

Patients and the wider public should have complete confidence in the cleanliness and hygiene of their healthcare environment. The way staff dress is an important influence on people's overall perceptions of the standards of care they experience. Patients routinely assimilate awareness based on the uniform a member of staff wears. This helps them to orientate themselves to the area they are being cared for in. Uniforms should be clean at all times and professional in appearance. In addition, although there is no evidence that wearing uniforms outside work adds to infection risks, public attitudes indicate it is good practice for staff either to change at work, or to cover their uniforms as they travel to and from work. Patients and visitors also like to know who is who in the care team. Uniforms and name badges can help with this identification. Staff may wear a uniform (public event) if representing the Trust, if the line manager agrees to the request.

- **Trust staff – Uniformed.** Staff who are supplied with a uniform, should not wear their uniform to and from work. If staff are required to wear uniform and are community based the uniform must be covered whilst travelling to and from work/home.
- **Community Workers – non uniformed.** Staff must be clearly identified by their Trust photo badge, clearly describing their place of work i.e. community worker and be visible to the patient.

Staff Comfort and Safety

As far as possible, subject to the overriding requirements of patient safety and public confidence, staff should feel comfortable in their uniforms. This includes being able to dress in accordance with their cultural practices. For example, although exposure of the forearm is a necessary part of hand and wrist hygiene and being bare below the elbow in a clinical setting and especially during direct patient care activity, the uniform code should allow for covering of the forearm at other times. Any religious bangles must be secured as far up the arm as possible with tape. Dress / uniform should also provide protection against weather for the outside worker, allow freedom of movement during manual handling procedures and protect the privacy and dignity of staff whilst working. Footwear should help reduce the risks of slips, trips, falls and injury e.g. from sharps.

NB Full body covering is not acceptable for NSCHT staff and faces must be identifiable at all times to the patients and in public in their healthcare role, despite religious beliefs.

The policy sets out the roles and responsibilities of all staff, details the expectations of

appearance and provides a framework for awareness raising and training.

Finally the policy sets out a system for monitoring compliance with policy standards.

Allowances for equality reasons

NSCHT recognises and values the diversity of its workforce in relation to age, disability, sex, gender, gender identity, cultural, race/ethnicity, culture, religion and belief and sexual orientation, we respect therefore respect and uphold the right of individuals to the lawful expression of these differences and will take a sensitive approach when this affects dress and uniform requirements. Any member of staff who wishes to wear a particular type of clothing or jewellery for cultural, religious or health reasons should discuss their requirements with their Line Manager. However, there may be circumstances in which there are genuine occupational reasons as to why the wearing of certain articles and/or clothing is not permissible, and priority will be given to health and safety, security and infection control.

There will be occasions and exceptions within this policy for those with a disability, either permanent or following injury or where staff have additional needs. Should there be an additional need or requirement, such exceptions will be agreed in discussion with the line manager.

It is recognised that individuals who are transitioning at work (including to non-binary identity) may require a review of their issued uniform to accommodate for the transition to their new gender. NSCHT will ensure that provisions are made available for this to take place.

Whether a uniform is worn or not, this code is not gendered and is open to all staff to choose whichever is appropriate clothing for themselves, as long as this adheres to the standards set out.

If a member of staff needs to vary from the standards set out in this policy they should discuss this with their line manager who will seek appropriate guidance on an individual basis, with advice and support from Occupational Health, Health and Safety Team and Human Resources as required.

NSCHT will endeavour to treat such requests sympathetically, balanced against the needs of the service.

Allowances for cultural or religious reasons

Any member of staff who wishes to wear a particular type of clothing or jewellery for cultural or religious reasons should discuss their requirements with their Line Manager who should endeavour to comply with the request. Line Managers will not have the discretion to agree any adjustments that may have the potential to compromise patient or employee safety, especially regarding Healthcare Associated Infection.

All staff must dress in a manner that is sensitive to the social, cultural, diversity and equality needs of other staff, patients and carers/visitors.

Dress code (applicable to all staff)

Individual appearance must reflect a high standard of cleanliness and hygiene at all times. All staff must ensure good personal daily hygiene to ensure that they and their clothing are

free of unpleasant odours. If there is a concern regarding poor personal hygiene this issue must be addressed and managed by the line manager. Training on Managing Difficult Conversations can be provided by NSCHT Training and Professional Development Department.

3. Scope

- The dress code policy applies to **all staff**. The uniform policy (section 3.4) additionally applies to staff who are required to wear uniform.
- This policy applies to all employed staff, bank, locum and agency staff, students, and staff on honorary contracts.
- Volunteers are also covered by this policy particularly where they are involved in duties which bring them into direct contact with patients. Volunteer appearance will be managed in line with the Volunteer Service requirements. However, it is recognised that all volunteers will be visible by the use of the current uniform which is a deep purple polo T Shirt.
- The following definitions are used within this policy

All staff – Anyone employed or contracted to work in the Trust services as outlined in 3.2, 3.3 and 3.4 above.

Designated Uniform – The formal issue of uniforms by the Trust to be worn by the individual in the delivery of their duties. Uniform could be tunic and trousers, dress, fleece, cardigans and will vary dependent on the job role. Any designated uniform provided by the Trust remains the property of the Trust and as such should be returned on ceasing employment. It is the responsibility of staff members to return the uniform to their line manager.

4. Purpose

All Staff – All staff are responsible for being aware of and complying with this policy at all times, failure by staff to comply with the policy may result in disciplinary action.

5. Roles and responsibilities

Trust

The Chief Executive with support from the Executive Director of Nursing and Quality (DoN), has overall responsibility to have processes in place to ensure that staff are aware of this policy and adhere to its requirements.

Managers

Managers are responsible for implementing the policy with their immediate staff and ensuring that staff within their management adhere to the requirements of the policy.

Specifically for:

- Ensuring staff are aware of the content and comply with this policy.
- Ensuring that staff are supplied with appropriate uniforms to undertake their

- role and to ensure that staff wear their uniform in adherence with this policy.
- For ensuring staff adhere to the Staff Identification Policy. Staff must ensure their staff photo ID badge is visible or available on request.
- Ensuring staff are issued with sufficient uniforms to comply with the recommended laundry practice of a clean uniform for every shift.
- Ensuring uniform has been returned on the termination of contract of a staff member and the information and Security Checklist for staff leaving the NSCHT Trust has been completed and sent.
- Refer to the Disciplinary and Procedure Policy for staff who fail to comply with the policy, seeking support from the People Directorate as appropriate.

All managers are responsible for monitoring the standards of dress for staff at any given time. Where standards are not met managers should follow the process in Section 5 'Implementation and Monitoring'.

Employees

All Trust employees are responsible for following the standards of uniform / dress and appearance as indicated in this policy and should be aware of how the standards relate to their working environment, health and safety, infection prevention & control, particular roles and associated duties and the contact with 'others' during the course of their working hours.

Line Managers

Line Managers are responsible for ensuring compliance with this policy. A dress code policy audit should be undertaken at least 6 monthly or more frequently at the discretion of the area manager.

The Infection Prevention and Control Team (IPCT)

The IPCT are responsible for providing support and advice in relation to any infection control issues or queries associated with the wearing, laundering of uniforms.

6. Policy detail / actions for breeches of Dress code/Uniform policy

This applies to all staff – see also appendices B and C.

Professional appearance

Staff are expected to appear clean, tidy and smart. Staff should dress in a manner which inspires patient and public confidence as people may use appearance as a proxy measure of professional confidence (DH, 2010).

6.1 Identity Badge

Patients like to know the names and roles of staff who are caring for them (DH, 2010). Full names on Trust approved name badges must be visible at all times. Trust identity cards should be carried at all times and made available upon request. (Refer to Health and Safety Policy/ Security Policy). All employees must have an official photo identity badge, at all times when acting in a capacity representing the Trust.

6.2 Lanyards

Clinical areas:

The Trust does not support the use of lanyards from an Infection Prevention and Control perspective within clinical areas as they can come into direct contact with many patients and are not routinely cleaned. Therefore, clinical staff should wear visible Trust approved name badges and have their photo ID available on request.

OR

Lanyards worn in non-clinical areas should be laundered as part of the uniform/work wear. Those provided by the Trust and those organisations affiliated with the Trust are acceptable.

Non-clinical areas:

Lanyards may be worn by staff in non-clinical areas. Lanyards must not have more than three badges attached etc. which can be an infection risk or Health and Safety risk. For personal staff safety, only lanyards that incorporate a safety breakaway closure should be worn. This is a device, typically plastic, that connects the lanyard in three sections; the pieces pop open or “break away” if the lanyard is pulled or jerked.

6.3 Jewellery

Staff working in a clinical area must not wear jewellery, except for a plain band, wedding ring and a pair of studded earrings. Appendices B and C provide specific details for clinical and non-clinical staff. Necklaces, long or hooped earrings and rings present possible hazards for patients and staff. Conspicuous jewellery can be a distraction and at odds with presenting a professional image. Jewellery can harbour micro-organisms and make effective hand hygiene more difficult (DH, 2010).

6.4 Watches

Staff working in a clinical area must not wear wrist watches. Bacteria can live on watch straps; fob watches have been designed to negate this problem (fob watches should be wipeable and impervious to fluid). This may also apply to some non-clinical settings such as maintenance – please refer to the Health and Safety and Security Department for further guidance.

6.5 Facial and visible body piercings and tattoos

The Trust is committed to the safety and protection of its staff. No jewellery in facial piercings should be worn in the trust irrespective of roles. Unless worn for religious purposes when they must be taped, **all piercings should be removed to the face and visible parts of the body.** In exceptional circumstances, when non-religious facial piercings cannot be removed they must also be taped. Piercings that cannot be covered, such as in the tongue, should be replaced with a small clear piercing. Staff with stretched / gauged ears must wear a solid plug or filler in their ear in a neutral colour. If the solid plug or filler is over 4cm it is not to be worn and instead the earlobe must be secured behind the ear to reduce the risk of being caught and causing injury.

Staff will be required to cover any tattoos/branding that may contain discriminatory language or imagery or be offensive to others. The issue here is patient attitude and confidence in the care team. For many, particularly older patients, facial piercings and tattoos can be unsettling and distracting. However tattoos on the forearms and hands must be left uncovered for appropriate hand hygiene during direct patient care activity. (DH, 2010) In circumstances where the tattoos may cause offence to a patient on the grounds of cultural, religious or political belief systems, or the tattoo is of sexual or political nature, staff should seek advice from their professional lead, or

departmental manager. Depending on the location and nature of the tattoos consideration should be given to staff wearing close fitting sleeves under the uniform. These must be rolled up or removed to enable thorough hand hygiene when performing clinical duties.

6.6 Make-up (includes all genders)

If worn, should be appropriate to the work setting, and particular consideration should be given to this in clinical areas. Consideration should be made as some services users may have sensory issues or clinical conditions such as asthma therefore fragranced products, including perfume, aftershave, cologne should be kept to a minimum as they may cause an adverse reaction.

It needs consideration that some individuals may feel that the need to wear more make-up at work, for instance trans or non-binary individuals or those with visible scarring. In these situations, this should be supported as part of assisting their confidence at work.

6.7 Visible scarring

If a member of staff has visible scarring that requires covering they should discuss this with their line manager who will support them to enable the scarring to be covered appropriately from an infection control and health and safety perspective. Single person use arm coverings can be sourced, the appropriateness of these and their safe use must be discussed with the IPC team first.

6.8 Fingernails

Staff working in a clinical area must keep nails clean and short (no be longer than the end of the finger tips). Nails must be free from false nails, nail extensions, acrylics, nail polish, shellac and gel nails and nail art as these harbour micro-organisms and make effective hand hygiene more difficult (DH, 2010). Long nails can also be a potential hazard.

6.9 Hair

Hair should be kept clean and in clinical areas if hair is long enough to be tied in a ponytail or plait then staff must tie hair in this way.

6.10 False eyelashes

Are prohibited in a clinical environment and also when working with food service or preparation, as these are at risk of becoming detached and falling onto patients and into food.

6.11 Footwear

All staff in uniform will be expected to wear solid black shoes. Shoes should be clean, fit the wearer and have the heel and toe enclosed to afford protection. In clinical areas they must be clean, plain, low heeled no more than 1.5 inches high, non-porous, enclosed, low noise sole and in a good state of repair. Shoes must be in keeping with the overall appearance. In non-clinical areas in extreme weather or for medical reasons sandals may be allowed following an assessment and discussion with the line manager and if for medical reasons the Occupational Health department. The soles of shoes must provide adequate grip for vinyl flooring or the work environment and on inpatient wards should be soft-soled to reduce noise but must be hard enough to avoid penetration by sharp objects e.g. needles/glass.

6.12 Religious, cultural beliefs or disability considerations

Individuals who require to wear something that is outside of 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 and health and safety (see Appendix C).

The Trust believes that it is important to recognise and support equality in employment and due consideration will be given. However, health and safety, infection control and security of patients or staff are paramount and should not be compromised.

- Staff who wear facial coverings for religious reasons are required to remove them whilst on duty. This is to ensure that the member of staff is identifiable, and to enhance engagement and communication with patients, visitors and colleagues.
- Female staff of Muslim faith, are encouraged to wear Trust uniform, with $\frac{3}{4}$ length sleeves in order to comply with both religious norms, and Trust infection prevention requirements. Clothing must allow for adequate hand hygiene. Protective plastic over sleeves are available where appropriate.

Headwear

- Turbans and kippots, veils (Christian or nikab) and headscarves (Hilabs and Jilabs) are supported on religious grounds. The latter should be shoulder length and must be worn unadorned. Scarves should not drape freely when providing direct clinical care.
- Employees wearing any additional items of clothing must follow the infection prevention – laundry guidelines outlined in Appendix D and ensure a clean garment is worn every day.

Jewellery based on a belief system is permissible provided it is covered up or removed when undertaking patient care.

6.13 Staff not expected to wear a uniform

For staff not expected to wear a uniform, dress should be clean smart and acceptable.

Generally acceptable clothing

Clothes should be comfortable and not overly restricting, allowing for a full range of movement and should not hinder moving and handling procedures. Clothing that is conservative 'smart but casual' should be worn, for example:

- Skirts / dresses (not shorter than 3 inches above the knee), blouses, smart tops, jumpers, jackets, culottes, suits, dress trousers
- Business suits, smart jackets, tailored trousers, shirts or tops with collars, long sleeve or short sleeves

Footwear should be sensible and comply with local conditions for safety.

Staff must ensure compliance with relevant clinical policies e.g. Bare Below the Elbows; Standard Infection Control Precautions and Hand Hygiene.

Non Acceptable Clothing

In general terms, clothing **should not** be overly tight or revealing in any way that could cause offense and should not be a safety or hygiene risk. For example:

- Clothing with large branding, inappropriate slogans or advertising
- T-shirts with advertising or inappropriate/offensive language or pictures
- T-shirts with cut away arms
- See through shirts / blouses / dresses / skirts or trousers
- Low cut necklines, i.e. exposing undergarments or excess cleavage
- Skirts / dresses with extreme slits
- Skirts / dresses or trousers that touch the ground when walking
- Midriff baring tops / trousers
- Denim jeans or jackets (with the exception of black jeans in some areas)
- Leggings
- Shorts (unless, cut off or long Bermuda shorts - plain colour, community based staff only)
- Any clothing that is torn, frayed or faded or distressed - by design or accident
- Athletic wear and jogging bottoms / tops (unless a requirement for your post)
- Sunglasses (unless prescribed for a medical condition or used whilst undertaking outdoor activities e.g. driving)
- Stiletto heeled shoes or shoes with a heel of more than 1.5 inches for those staff working in clinical areas
- Bright colours that may impact on the particular needs of the client group e.g. autism
- Crocs style shoes, with ventilation holes on the top

It is accepted that, on some occasions, those employees who do not wear uniform may be dressed more casually, especially during on-call night time commitments or at weekends; however they should ensure compliance with this policy at all times.

If staff are unsure about the appropriateness of certain types of clothing this should be discussed with the line manager who would have the final decision about what is appropriate (see appendix E for flowchart to support decision making). The hem of trousers must meet the shoes but not touch, drag on the floor.

6.14 Personal Protective Clothing and Equipment

Staff in roles that require personal protective clothing and equipment (PPE) will wear appropriate protective clothing while carrying out their duties in accordance with Health & Safety and Infection Prevention & Control requirements. Each manager must ensure that PPE is available to the employee in accordance with COSHH regulations and local/statutory requirements. If a non-uniformed member of staff has regular direct physical contact with patients the manager should consider designating the role a uniformed position. When entering an area that requires PPE, it is expected that only essential staff will enter the area. Where this is a patient in isolation, it would be reasonable for the only the most senior doctor to enter the room, thus reducing the risk of cross contamination.

6.15 Infection Prevention and Control

In clinical areas (for activities that involve patient contact such as clinical procedures, examinations or providing nursing care) all staff should wear clothes that facilitate compliance with hand hygiene requirements: a '**bare below the elbow**' policy applies. This means no long sleeves (e.g. no jackets or long-sleeved coats) and that shirts are either short-sleeved or that shirt sleeves are rolled up to the elbow. Cuffs at the wrist become heavily contaminated and are likely to come into contact with patients (DH, 2010)

Staff working in clinical areas and in activities involving patient contact should follow the 'bare below the elbow' policy; this means no wrist watches or rings other than a plain wedding band.

In clinical areas for activities involving patient contact, ties have been shown to be contaminated with pathogens, and can accidentally come into contact with patients. They are rarely laundered and play no part in patient care (DH, 2010). Ties offer no beneficial function in patient care. Consideration should be given to this in Mental Health settings, however if a tie is worn it must be tucked inside the shirt.

Similarly, scarfs and long neck jewellery should not be worn in clinical areas or when giving direct clinical care.

Additionally, PPE such as aprons should be worn if carrying out procedures on patients that may contaminate the uniform/dress to prevent contamination (see infection control policies).

7. Uniform Policy (the term 'uniform' refers to either a: traditional style standard uniform or scrubs) (see also appendices C and D)

- Staff are encouraged to take pride in wearing their uniform and ensure they are smartly presented at all times. Staff should wear only uniforms provided by the Trust, which provide a visual clue to members of the public, patients and other staff as to their role. The uniform should be worn in a clean and presentable fashion. This policy applies to all types of uniform including the various types of scrub suits if used in the Trust.
- A clean uniform will be worn for each clinical shift. It is not acceptable to keep uniforms in the clinical area following a shift.
- **Scrubs** may be worn during hot weather in June, July and August following

discussion and agreement by their line manager. Staff who need to wear scrubs for other medical/personal reasons must either have a recommendation from occupational health or following discussion and agreement by their line manager. Only scrubs issued by the trust may be worn. Line managers have a responsibility to ensure that staff can be appropriately identified while wearing scrubs as they are not colour coded like standard uniforms to aid identification.

- Staff must follow laundering guidelines see Appendix D

7.1 Determining who should wear a uniform

If a staff member is undertaking a clinical role where they may come into direct contact with a patient, they must wear a uniform. This supports a professional image and also makes it easier for a replacement garment to be obtained whilst on duty in most settings. More importantly it helps patients to understand at a glance and quickly, who is caring for them. The final decision on whether staff in a clinical role should wear a uniform should sit with the line manager, and be based on a risk assessment process; however advice to inform that decision can be obtained from the Executive Nursing Team, Infection Prevention and Control Team, and/or Health and Safety.

All staff in a clinical environment should wear a uniform. This will help patients understand the individual roles of staff in a given location.

7.2 Wearing uniforms to and from work or in public settings

Where uniform is being worn, this should be full and complete.

Staff should not wear uniform to and from work but change on arrival and before leaving at the trust.

If staff are required to wear uniform outside the trust e.g. when escorting patients off site, the uniform should be covered completely by a long coat or suitable garment.

Whilst there is no evidence of an infection risk from travelling in uniform, many people perceive there is and it is seen to be unhygienic (DH, 2010)

Staff working in the community, staff must ensure their uniform is fully covered. In hot summer conditions it is permissible for the coats to be removed.

Requests to wear uniform outside of the Trust premises for formal occasions, for example funerals or award ceremonies must be made to the line manager.

7.3 Soiled Uniforms

If a uniform becomes visibly soiled or contaminated the staff member must change as soon as practicably possible. Visible soiling may present an infection risk and will be disconcerting for patients (DH, 2010)

To obtain spare uniforms during office hours please ring extension: 4870 Out of hours please contact the site manager via switch board.

7.4 Information for patients/visitors about uniforms

Posters and Staff Photo Boards will be displayed in each ward and department used by patients to show what the different uniforms mean. Patients and their families and visitors find it helpful to know who they are talking to. Uniforms also help them to quickly identify the person they wish to speak to. (DH, 2010).

7.5 Extreme weather conditions

Authorisation to change into different types of uniform or not to wear items, in times of extreme weather conditions must be obtained from either the Line Manager. In this specific instance approval will be granted on the basis of risk assessment for a whole team, department or service to promote a consistent appearance. Tights may be removed in hot weather.

7.6 Belts, Buckles and Badges

Traditional nurse's belts / buckles must not be worn by staff delivering clinical care, due to the restrictions they can place on movement and potential injury to patients during manual handling.

No more than three badges denoting professional qualifications or memberships should be worn alongside the name or photo identification badge. Any more looks unprofessional and may present a safety hazard (DH, 2010).

7.7 Laundering of uniforms

Laundering guidelines are issued in Appendix E and it is strongly recommended that these are followed.

7.8 Medicine Round Tabards

Fabric reusable tabards may be worn when administering medication for each drug dispensary round in the clinical environment, where there is no known or suspected infection. Fabric tabards must be laundered at the end of every shift.

Plastic tabards if used are disposable and single use. If entering a room to administer medication where there is a known or suspected infection, the tabard must be disposed of and replaced immediately. Disposable tabards must always be discarded after every medicine round.

7.9 Replacement of uniforms / Maternity uniforms

This should be negotiated on an individual basis between the staff member and the line manager. Consider replacement when uniform is beyond repair, does not fit appropriately, or the colour is faded. It is important that the professional image of the Trust is maintained by smart uniforms.

Maternity uniform will be provided as a choice to existing uniform see appendix C

7.10 Losses and Compensation

Staff are entitled to claim for items of clothing/shoes/spectacles that may be damaged whilst carrying out their role (e.g. as a result of a violent incident or assault). Reasonable costs will be available to replace damaged items. Those staff not in uniform should consider the cost of the items of clothing that they choose to wear to perform their duties. These should be reasonably priced and meet the criteria within this policy.

7.11 Smoking

In accordance with the Trust's No Smoking Policy staff must not be seen in uniform smoking:

- when off site either during working hours
- when travelling or including official breaks
- on site during official breaks
- in their vehicles on site

Uniforms that smell of smoke are often offensive to patients and other staff, therefore, it is not acceptable for staff to be smelling of smoke.

Staff can access smoking cessation support through Occupational Health (TP), GP or local pharmacies.

8. Additional information for particular staff groups

8.1 Nurses

The Nursing and Midwifery Council Code of Conduct requires professional staff to justify public confidence and uphold the reputation of the profession at all times. This is particularly important as first impressions for people who are vulnerable and may feel frightened. The appearance of staff will help the patient feel at ease and provide a sympathetic environment.

Uniforms are provided by the Trust; this includes dresses, smart tunic, trousers and polo shirts. Staff are to supply their own footwear and should be as described in Uniform Appendix B

NB Tax relief can be claimed for providing own footwear and tights and individual staff member can make an application and necessary form can be obtained from www.hmrc.gov.uk.

8.2 Occupational Therapists & Physiotherapists

Due to the nature of therapy delivered by Occupational Therapists and Physiotherapists, they may wear training shoes that are smart, clean and plain. Other staff who undertake physical training such as manual handling and Control and Restraint may also need to wear training shoes as agreed by Health and Safety. Other categories of clinical staff should not wear training shoes.

8.3 Estates and Facilities staff

Estates and facilities staff may have specific clothing requirements based on safety and appropriate issued safety wear should be worn wear in accordance with statutory regulatory requirements.

Estates and Facilities staff are required to adhere to the Trust's Dress Code and Uniform policy.

Uniforms are provided by the department; this includes dresses, smart tunic, trousers and polo shirts. Shoes should comply with Trust requirements Appendix B

8.4 Food handling and serving

Staff who prepare food, must comply with the Trust's "Managing Food Safety" documentation, Personal Hygiene section. Green plastic apron and hat/hairnet must be worn. When serving food staff must wear a green plastic apron.

9. Implementation

- Managers across The Trust will be required to share this policy with their teams to ensure they understand the requirements.
- Posters relating to appendices B, C and D will be made available in all areas.
- Leaflets on laundering uniforms at home will also be available.
- Posters will be available outlining the common uniforms worn by Nursing Staff at ward level

10. Appeals against the Dress Code and Uniform Policy

If a staff member has a reason for non-compliance with this policy, this should in the first instance be discussed with the line manager to attempt to resolve the issue. It may be necessary to seek a professional or Occupational Health view on a case by case basis.

If the staff member and line manager are unable to resolve the issue the grievance procedure for the Trust should be followed.

A repeated failing in compliance with the Dress Code and Uniform policy may lead to further line manager and HR intervention and action.

11. Acknowledgements

With thanks to Isle of White NHS Trust and NHS Borders Trust for permission to reference and use their policy.

12. DISCLAIMER

It is the responsibility of all staff to check the Trust intranet to ensure that the most recent version/issue of this document is being referenced.

13. APPENDICIES

Appendix A

Direct Patient Care Activity

The detail of how staff are dressed is most important during patient care activity involving direct contact with patients and their close environment. This includes activity in the following settings, where NHS services are delivered including the street and patients own homes:

On the ward / in a department

This is anywhere within the confines of a ward or clinical environment. Clinical areas are any spaces staff are expected to go about their day to day routine. This includes areas patients may not necessarily access such as:

- The nurses' station
- In the patient area
- In any activity that involves patient contact
- Moving between areas within a ward or between wards or departments

In out-patient clinics

Any activity that involves patient contact, for example:

- examining patients
- wound care
- collecting samples for testing

In treatment procedure rooms

- At all times when patients are being treated

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

1. before patient contact
2. before aseptic tasks
3. after risk of body fluid exposure
4. after patient contact
5. after contact with a patient's surroundings

*Based on the My 5 moments for Hand Hygiene,
www.who.int/gpsc/5may/background/5moments/en/index.html © World Health Organization 2009.

Appendix B

Appearance Policy for All Staff Involved in Direct Patient Care activity

All staff involved in direct Patient Care activity must adhere to the requirements below	
Policy	Rational
Sleeve Length: staff must adopt a 'bare below the elbow' approach when working in a clinical environment, for direct patient contact or when providing treatments.	To enable full compliance with hand hygiene policy Cuffs become heavily contaminated and are more likely to come into contact with patients
Wearing Uniform to and from work: staff must ensure their uniform is completely covered at all times before travelling to and from work.	Patient confidence in the Trust may be undermined
Badges: Name badges must be worn at all times in a clearly visible position. Identity Badges must be carried and made available on request. No more than 3 other badges of a professional nature may be worn	To conform to Trust Security policy To reduce the potential risk of injury to patients.
Contamination: change immediately or as soon as practicable, if uniform or clothes become visibly soiled or contaminated	Visible soiling or contamination might be an infection risk and is likely to affect patient confidence
Hair: If hair is long enough to be tied back e.g. in a ponytail or plait staff MUST tie hair in this way, especially when delivering direct care or during any food preparation e.g. toast This applies to all staff	Corporate appearance

<p>False eyelashes: Must not be worn in a clinical environment and also when working in food preparation areas or when serving food</p>	<p>Possible contamination and can present a poor appearance</p>
<p>Finger Nails: Staff working in a clinical area must keep nails clean and short (no be longer than the end of the finger tips).</p> <p>Nails must be free from; false nails, nail extensions, acrylics, nail polish, shellac and gel nails and nail art.</p> <p>Staff that do not usually work in a clinical area must ensure they comply with the above if they go into a clinical area and contact with patients is expected.</p>	<p>Long natural, enhanced or dirty nails can present a poor appearance, they are also harder to keep clean, can reduce compliance with hand hygiene, posing a risk of transferring bacteria and pose a potential hazard.</p> <p>It should be noted that excessively long nails can interfere with keyboard and other duties potentially causing long term injury</p>
<p>Jewellery Clinical areas: one plain metal band ring can be worn Fob watch</p> <p>No other jewellery is permitted with the exception of Medic alert jewellery which can be worn as a necklace which meets the Health and Safety requirements i.e. snap able, but must be cleanable, plain and discreet and must not be around the wrist. The lead of the clinical areas must be made aware of the requirements of the individual.</p> <p>Non-clinical areas: Jewellery should be discreet and in keeping with overall appearance. Excessively long or hanging jewellery should be avoided This type of jewellery must be removed if going into a clinical area and contact with patients is expected.</p>	<p>Jewellery can be hazardous for the following reasons</p> <ul style="list-style-type: none"> • Jewellery, even plain metal bands (wedding rings) have been shown to colonise micro-organisms • Rings with stones are hazardous and may cause trauma to patients • Stones in jewellery may become dislodged • Jewellery that is hanging e.g. necklaces, could be dangerous to staff and patients in potentially violent situations • Hand and wrist jewellery/ watches can reduce compliance with hand hygiene
<p>Piercings Earrings – one pair of small plain metal studs only may be worn</p> <p>All new visible body piercings must be covered with a blue plaster until the initial wound has healed and is not discharging in any way. Once the wound has healed, all associated piercing jewellery should be removed. This includes tongue piercings</p> <p>Managers should be undertaking a risk</p>	<p>New wounds from piercings shed high levels of bacteria and are more at risk of handling by the wearer and therefore increasing the risk of cross contamination</p> <p>Professional appearance is important and piercings may undermine patient confidence in the Trust</p> <p>Food hygiene regulations Recognising cultural and ethnic needs of staff but ensuring these are</p>

<p>assessment with staff to determine the appropriateness of wearing piercing jewellery at work.</p> <p>No jewellery in facial Piercing should be worn whilst on duty</p>	<p>balanced against the infection risk to patients</p>
<p>Make-up and perfume Discreet makeup may be worn. Perfume or aftershaves must be subtle to prevent exacerbation of nausea in some patients</p>	<p>Promote professional appearance Patient and colleague comfort</p>
<p>Footwear: Must be:</p> <ul style="list-style-type: none"> • clean • plain • low heeled no more than 1.5 inches high • non-porous • enclosed • soft- soled • resistant to piercing by sharps • in a good state of repair • in keeping with the overall appearance. <p>In some areas protective footwear must be worn i.e. within the Estates Dept. e.g. steel toe caps</p>	<p>Shoes in a poor state of repair are a safety risk.</p> <p>Soft sole shoes reduce noise</p> <p>Health and safety at work, danger of sharps injury for open toed shoes</p>
<p>Belts / Epaulettes: With or without buckles, if worn must be clean.</p>	<p>Health and safety at work and infection prevention and control consideration to reduce injury and reduce infection risk</p>
<p>Tights/Stockings/Socks: Should be plain and of a colour in keeping with the overall uniform or clothing</p>	<p>To promote a professional appearance</p>
<p>Designated uniform: must be changed daily and laundered in line with Trust</p>	<p>Reduce the risk of cross infection</p>
<p>Non uniform clothes:</p> <ul style="list-style-type: none"> • own clothes if worn, should be smart, in good repair and changed daily • an overall professional appearance should be maintained • no slogans which could be considered offensive should be worn • short sleeves are best practice, long sleeves must be rolled up to enable compliance with bare below the elbows policy in clinical care settings where activities involve patient contact. 	<p>Professional and Corporate appearance</p> <p>Enables effective hand hygiene to be undertaken Health and safety guidance</p> <p>Ties may become contaminated.</p>

<ul style="list-style-type: none"> • neck-ties should be avoided, if worn they must be tucked into shirt while in a clinical area • In some areas defined safety clothing should be worn to comply with legislation (detailed in local guidance) 	
Additional Garments: fleece/ cardigans must not be worn in a clinical environment or when delivering direct patient care. They must be of a plain dark colour and of a smart appearance. Additional garments can be worn at break times.	Additional Garments: Professional appearance. Managers may agree exceptions in working environments where extremes of cold are experienced during winter months and at night
Pens and Scissors: staff should risk assess if it is appropriate and safe to carry pens and scissors in outside breast pockets or easily accessible pockets	May cause injury when moving patients or may be lost causing possible opportunity for harm
Protective clothing and equipment (PPE): Staff are required to be familiar with infection control policy (Section 6) requirements for standard (universal) precautions and wearing of PPE (aprons, gloves etc.) in clinical care settings. In some areas defined safety clothing should be worn to comply with legislation	To prevent contamination and reduce risk for transmission of micro-organisms

Appendix C

Consideration of Equality and Diversity regarding Standards of Dress, Uniform and Personal Appearance

1. The Trust believes that it is important to recognise and support equality in employment to retain a diverse workforce, and due consideration will be given. However, health and safety, infection control and security issues are paramount.
2. The Trust recognises that the wearing of religious dress and symbols can be an important expression of an individual's religious identity.
3. Individuals who wish to wear something that potentially contravenes the Standards of Dress and Uniform Policy, for example for religious reasons, culture or perhaps due to a disability, should discuss this in confidence with their Line Manager. A compromise can often be found.
4. Request to accommodate a religious expression/requirement, culture or a disability and/or a reasonable adjustment When a Line Manager receives such a request, they should:-
 - Consider requests with respect to an individual's disability/right to express their cultural/religious identity.
 - Consider each situation on an individual basis in the context of the particular job:
 - Avoid being too prescriptive in the application of a dress code and consider circumstances on a case-by-case basis.
 - In each case, the Line Manager needs to consider two key questions:
 - a) Is there a legitimate health or safety requirement for this dress code?
 - b) Does the adjustment proposed affect the person's ability to meet the requirements of the job?

If the answer is "no" to question 'a' and 'b' then the request should be agreed.

If 'yes', to question 'a' only, then the proposed adjustment must be reviewed and further adjustments made, if needed, to meet the health and safety requirements as well requirements of the job.

If 'yes', to both questions or question 'b' only, then further reasonable adjustments need to be considered.

- A written record of the request, outcome and the rationale for the outcomes should be retained in the staff members' local personal file and a copy provided to the member of staff
5. Examples of reasonable adjustments are provided:
 - There is evidence that adopting 'bare below the elbows' has presented difficulties for some Muslim female staff. Disposable over-sleeves to cover forearms during direct patient care activity can be utilised with strict adherence to washing hands and wrists observed before and after use and that over-sleeves must be discarded in exactly the same way as disposable gloves. The Trust Hand Hygiene Policy also supports the pushing up of long sleeves.
 - There is evidence that wearing of hand or wrist jewellery compromises the undertaking of effective hand hygiene. However, the Trust 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. The Trust recognises that 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.

Further help and advice is available from:

Line Manager

Human Resources

Health and Safety Officer

Infection Prevention and Control Team

Appendix D

Guidelines for Laundering Uniforms/Scrubs at Home

These guidelines will help you minimise the risks of contamination in laundering your uniforms at home.

All uniforms must be washed separately from other items. Separate washing will eliminate any possible cross contamination from high levels of soiling, and enable the uniform to be washed at the highest recommended temperature (DH, 2020)

It is recommended that all uniforms should be washed at the highest temperature that the fabric will tolerate. A maximum washing machine temperature of as near to 60 must be used, on a reduced spin as per manufacturer's guidelines. Ideally wash for 10 minutes at 60C, this removes most micro-organisms. A wash for 10 minutes at 60 degrees centigrade removes almost all micro-organisms (DH, 2020)

All uniforms must be washed on a full wash not half wash setting.

Smaller loads will ensure that all areas are thoroughly submerged, decontaminated, and thoroughly rinsed. Overloading the machine will reduce wash efficiency (DH, 2020).

All uniforms should be washed in laundry detergent in the quantities advised by the manufacturer. Do not bleach.

It is recommended that uniforms should be tumbled dried; when this is not possible they must be ironed.

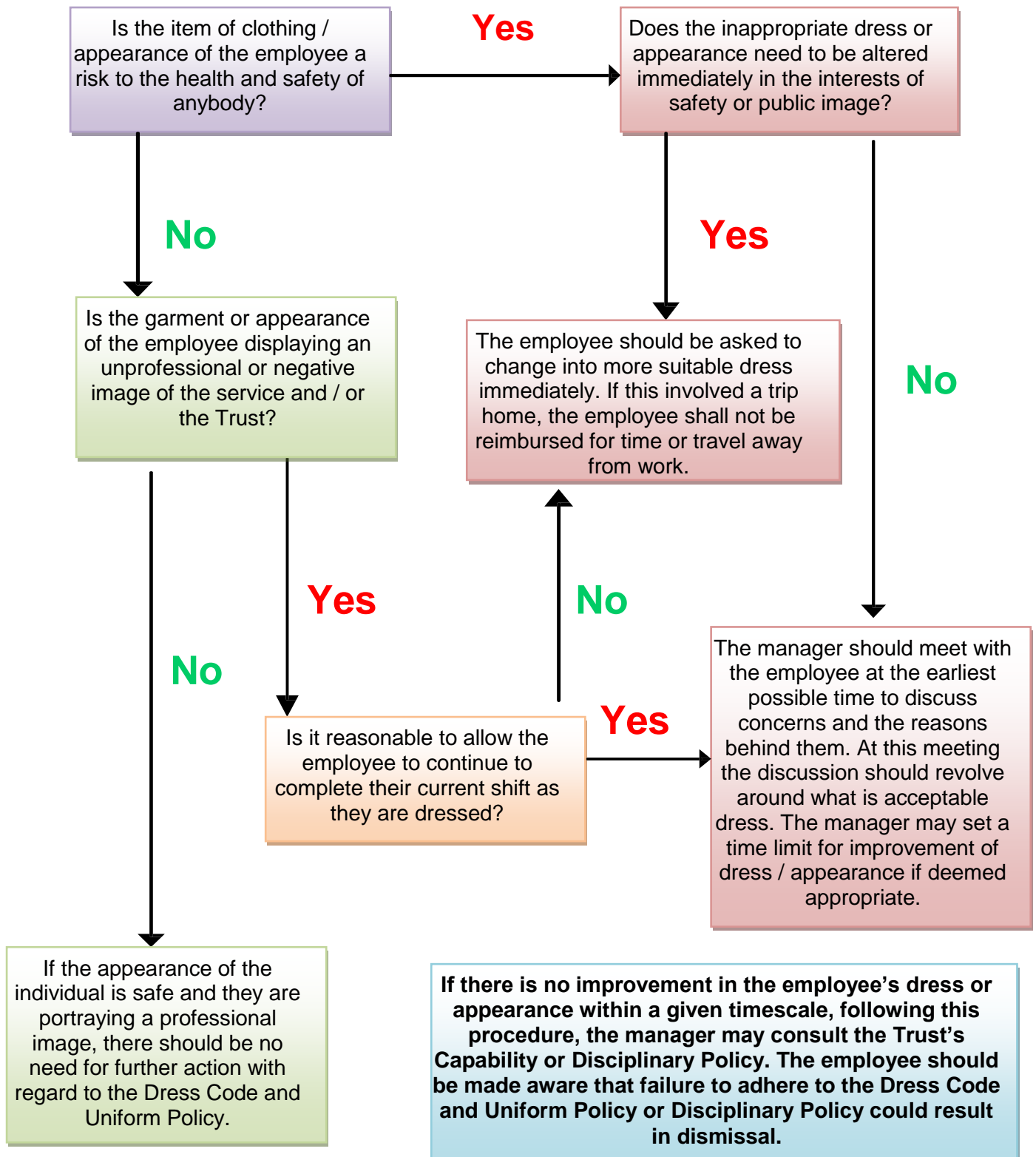
Once laundered, uniforms must be stored in a clean environment, ideally covered with a plastic bag, to prevent contamination with dust or other pollutants.

Clean your washing machine and tumble drier regularly and maintain according to the manufacturer's instructions. Regular cleaning and maintenance will protect the machine's washing efficiency. Dirty or underperforming machines may lead to contamination of clothing, although there is no published evidence that this presents an infection risk (DH, 2020)

Appendix E

Dress Code & Uniform Policy Procedure

The flow chart below outlines the procedure that may be used by managers where an aspect of dress is deemed to be inappropriate to the task, location of the task or in the portrayal of a professional image.



14. Training Needs Analysis for the policy for the development and management of Trust wide procedural / approved documents

Please tick as appropriate

There <u>is no</u> specific training requirements- awareness for relevant staff required, disseminated via appropriate channels (Do not continue to complete this form-no formal training needs analysis required)	✓
There <u>is</u> specific training requirements for staff groups (Please complete the remainder of the form-formal training needs analysis required- link with learning and development department.	

Staff Group	✓ if appropriate	Frequency	Suggested Delivery Method (traditional/ face to face / e-learning/ handout)	Is this included in Trustwide learning programme for this staff group (✓ if yes)
Career Grade				
Training Grade				
Locum medical				
Inpatient Registered Nurse				
Inpatient Non-				
Community Registered Nurse				
Community Non Registered Nurse /				
Psychologist /				
Therapist				
Clinical bank staff regular				
Clinical bank staff infrequent				
Non-clinical				
Non-clinical non				

Please give any additional information impacting on identified staff group training needs (if applicable)

Please give the source that has informed the training requirement outlined within the policy i.e. National Confidential Inquiry/NICE guidance etc.

Any other additional information

Completed

Date