

Document Type: POLICY		Unique Identifier: CORP/POL/006
Title: Uniform Policy and Dress Code		Version Number: 6
		Status: Ratified
Scope: Trust Wide		Classification: Organisational
Author/Originator and title: Paul Jebb – Acting Assistant Director of Nursing Lorraine Koratzitis – Assistant Director of Transformation Cath Shelley – Clinical Nurse Specialist		Responsibility: Nursing and Quality Clinical Governance Directorate
Replaces: Version 5 Uniform Policy And Dress Code Non Uniform Wearers CORP/POL/006 Uniform and Dress Code in Community (Fylde, Wyre & North Locality) NHSNL-HR48 Uniform and Dress Code in Community (Blackpool Locality) NHSB/HR60	Description of amendments: Harmonised Policy, updated to reflect hospital and community staff	
Name Of: Divisional/Directorate/Working Group: HR Policy Forum	Date of Meeting: 18/07/2013, 17/09/2013 And 14/11/2013	Risk Assessment: Not Applicable
		Financial Implications Not Applicable
Validated by: Clinical Governance Management Team Meeting Health, Safety and Environmental Governance Committee	Validation Date: 28/06/2013	Which Principles of the NHS Constitution Apply? Principle 3 5 6
	04/07/2013	
Ratified by: Quality Governance Committee JNCC	Ratified Date: 11/07/2013	Issue Date: 17/11/2013
	17/11/2013	
Review dates may alter if any significant changes are made		Review Date: 01/06/2016
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Not applicable		

1. PURPOSE

To outline the Trust Policy on the Uniform and Dress Code for both Uniform and Non-Uniform wearers.

The aim of this policy is to ensure that staff present a high quality professional image of both their department and the Trust by the standards of their dress. The Trust recognises that each person has the right to be an individual and it is not the Trust's intention to stifle that individuality. We primarily care for people when they are at their most vulnerable, and what may be acceptable for us to wear in our own time, may not engender feelings of confidence, nor promote our professionalism to the people we provide care for. What we wear, is perceived by patients, carers and relatives to be an indication of our competence and professionalism.

2. SCOPE

The Policy applies to all members of Trust Staff.

3. POLICY

3.1 Uniform Wearers

3.1.1. Changing and Washing Facilities

- Where changing room facilities are available, staff must only wear uniform within the Hospital and its campus. **Staff must not go home in Uniform.** There is an auto valet, uniform cleaning system, at Blackpool Victoria Hospital that must be utilised
- For staff working in the community site where no changing facilities are immediately available, these staff may travel to and from work in their uniform. Whilst on an unpaid break, staff are reminded that uniforms should be covered up to preserve the professional image of the Trust.
- For hospital staff only, if the auto valet system is full to capacity uniforms can be laundered at home (3.1.4)

3.1.2 Only uniforms provided by the trust will be worn, each professional group have their own uniform denoting professional identity.

3.1.3 Uniforms are replaced every 3 years, unless an employee experiences significant weight loss, weight gain or wear and tear such that their uniform is no longer fit for purpose, or fails to present the professional image required. (see also 3.1.13)

3.1.4 Only uniforms which have been approved by the 'Uniform approval group' and supplied to staff can be worn, this includes cardigans, trousers and fleeces. Any change in staff 'titles' must also be approved before being embroidered on a uniform.

3.1.5 Uniforms must be clean and correctly laundered at all times. A wash for 10 minutes at 60° removes most micro-organisms. Wash uniforms separately from other clothes. Clean machines and tumble driers regularly and maintain according to

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manufacturer's instructions. Allowances for the laundering of uniforms is generally not provided by the Trust, however this excludes allowances that are the subject of a recognised TUPE transfer.

- 3.1.6 Change as soon as practical if uniform or clothes become visibly soiled or contaminated.
- 3.1.7 Change into a clean uniform at the start of each shift.
- 3.1.8 Uniforms must not be worn at formal outside events, unless permission is obtained from the Trust.
- 3.1.9 Belts in corresponding colours issued by the sewing room at Blackpool Victoria Hospital or Moor Park in Lancaster may be worn with dresses and must be laundered regularly or replaced if visibly soiled or contaminated. Buckles must be kept clean, and belts should be removed when delivering clinical care.
- 3.1.10 Staff wearing theatre greens **must** change prior to leaving their working area except in the event of an emergency situation. They must not enter the dining room wearing theatre greens.
- 3.1.11 "Blues" uniforms are only to be worn in areas agreed by individual Divisions. "Blues" are not to be worn in operating theatres.
- 3.1.12 The correct uniform allocated, must be worn at all times when on duty, including nights and weekends.
- 3.1.13 Any item of uniform damaged by misuse will be replaced from stock and paid for by the member of staff.
- 3.1.14 Maternity wear is available upon request.
- 3.1.15 Where Personal Protective Equipment (PPE) is provided, it must be appropriately worn.
- 3.1.16 All uniforms provided remain the property of the Trust and must be returned upon termination of employment to your immediate manager.
- 3.1.17 Physiotherapists may wear uniform shorts within a gym setting as agreed with the Trust.

3.2 Footwear

- 3.2.1 Staff undertaking clinical duties must wear footwear that is a full shoe i.e. Heel and toe parts intact. They must be correctly fitting. They must also be plain, compatible with their uniform and made of a substantive material, with a soft, quiet heel and sole and should be in a state as to provide full support for the feet. Heels on the shoes must not exceed 2.5cms (1inch). Shoes must be kept clean.
- 3.2.2. Tights/stockings/hold-ups/ sock must be plain (no patterns), a natural colour, navy

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blue or black

- 3.2.3. Where required, safety footwear will be provided; it will be the responsibility of the individual staff member to ensure that the footwear provided is worn and kept clean following use
- 3.2.4. Clogs and Crocs without holes or 'jibbitz' are permitted to be worn in theatre and critical care areas. These must have heel supports to prevent possible slips, trips and falls. They must be dark blue, black or white in colour and only be worn in the work environment.

3.3 Cardigans

- 3.3.1 Clinical staff may wear sweatshirts, fine wool cardigans or jumpers when travelling between areas of the hospital/community. These must be plain without any logos other than the Trust or NHS logos and navy blue for Nursing Staff, or the same colour as the uniform for other staff disciplines.
- 3.3.2 Cardigans must always be removed before delivering any clinical care.

3.4 Hair

- 3.4.1. Both male and female staff must tie long hair back and off the collar.
- 3.4.2. Hair ornaments must be in a plain dark colour or the same colour as the hair. The exception to this rule is for catering staff, whereby hair ornaments must not be worn by staff in a food handling area.
- 3.4.3. In certain areas such as catering and specifically food handling areas, hair must be covered as required, with appropriate headwear, so as to avoid any risk of loose hair contaminating products.
- 3.4.4. Facial hair must be kept clean and tidy and reflect the professional standards expected by Trust staff.

3.5 Jewellery

- 3.5.1 Clinical Staff – please refer to the Hand Hygiene Policy (CORP/POL/056) regarding jewellery.
- 3.5.2 Catering staff only - Items of jewellery must not be worn with the exception of a watch and one plain metal wedding band. However, wristwatches must not be worn in food handling areas. This is stipulated by the Blackpool Environmental Health Officer and must be adhered to at all times.
- 3.5.3 Clinical Staff Only - Rings – only one white or yellow, plain metal band is permitted. Rings with stones are not allowed.
- 3.5.4 Clinical staff Only Earrings – one small plain ball stud with no stones maybe worn in each ear, necklet chains are not to be worn, unless for religious purposes and worn under the uniform. Gauge earrings or stretched earlobe piercings must always have a 'hoop' in and be covered whilst working in a clinical environment.

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- 3.5.5 No other visible body piercings/ornaments are acceptable.
- 3.5.6 Fingernails must be kept short and clean at all times. No artificial/acrylic nails or nail varnish to be worn at any time by clinical staff
- 3.5.7 Make-up must be discreet.
- 3.5.8 Tattoos, where they are extensive or deemed offensive, must be covered at all times. In clinical areas advice must be sought from infection prevention regarding suitable covers.
- 3.5.9 Scissors are not permitted to be worn in an outside breast pocket. If pens or bleeps are worn in the outside breast pocket they must be secured to the pocket.
- 3.5.10 Semi-permanent and false eyelashes are not to be worn in clinical areas.

3.6 Non-Uniform Wearers

- 3.6.1 Dress in a manner, which is smart, professional and modest.
- 3.6.2 Wear short-sleeved blouses/shirts and remove jackets when providing patient care.
- 3.6.3 Remove or tuck in all neck ties prior to any activity involving patient contact. No more than one shirt buttons to be undone.
- 3.6.4 Ensure that skirts are of a reasonable length, not too short, and below the knee. Jeans and other casual trousers must not be worn in the work place.
- 3.6.5 Whilst on duty, all staff must be smart in appearance, clean and well groomed.

3.7 All Staff

- 3.7.1 Trust Identity Badges
Trust identity badges should be prominently displayed by all staff at all times whilst on duty and attached to the pocket or lapel when working clinically. Lanyards must be laundered regularly or replaced if visibly soiled or contaminated. Lanyards must be NHS issue, the only exception to this is for staff working in children’s areas, Trade Union Stewards, Volunteers and those with lone working devices worn around the neck.
- 3.7.2 Charity and awareness pin badges may only be worn on the actual charity days or during the period of the charity event or awareness campaign. These must be discreet and worn on the lapel, with the consent of the Associate Director of Nursing, Directorate Manager or Head of Department.
- 3.7.3 Professional Association and Trade Union pin badges are the only other badges permitted.
- 3.7.4 Staff providing clinical care must ensure that no garment comes below the elbow (Please refer to the Control of Infection Policy – See Section 7)

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3.8 Smoking

In accordance with the Trust Smokefree policy Trust employees must not smoke in a public area while wearing a full/part NHS uniform and/or a Trust Identification Badge, whether on or off duty.

4. ATTACHMENTS	
Appendix Number	Title
1	Equality Impact Assessment Form

5. ELECTRONIC AND MANUAL RECORDING OF INFORMATION
Electronic Database for Procedural Documents
Held by Policy Co-ordinators/Archive Office

6. LOCATIONS THIS DOCUMENT ISSUED TO		
Copy No	Location	Date Issued
1	Intranet	17/11/2013
2	Wards and Departments and Services	17/11/2013

7. OTHER RELEVANT/ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
Corp/Pol/056	Hand Hygiene Policy version 3 http://fcsharepoint/trustdocuments/Documents/CORP-POL-056.doc
Corp/Proc/418	Hand Hygiene Procedure http://fcsharepoint/trustdocuments/Documents/CORP-PROC-418.doc
Corp/Pol/233	Smokefree http://fcsharepoint/trustdocuments/Documents/CORP-POL-233.docx
Corp/Pol/116	Infection Prevention in the Acute Setting http://fcsharepoint/trustdocuments/Documents/CORP-POL-116.doc

8. SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS
References In Full
<ul style="list-style-type: none">• Protect and support the health of individual patients and clients• Protect and support the health of the wider community• Act in such a way that justifies the trust and confidence the public have in you• Uphold and enhance the good reputation of the professions NMC, August 2002. This statement, by the Nursing and Midwifery Council, is primarily aimed at Nurses and midwives and encompasses the wearing of uniform in the most appropriate and professional manner. However, the statement is relevant to all staff, whether they are required to wear uniform or not. This policy is designed to, and indeed should, reflect a professional Trust image, protect patients and staff and also adhere to health and safety and control of infection recommendations.
Uniforms and Work Wear – An evidence base for developing local policy (DOH September

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8. SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS	
References In Full	
2007)	
Health and Safety at Work Act 1974, sections 2 and 3	
The Control of Substances Hazardous to Health Regulations 2002	
Management of Health and Safety at Work Regulations 1999	
'Securing Health Together' (Health and Safety Executive)	
Health Act 2006 Code of Practice, Duty 4	
HSG95 (18)	

9. CONSULTATION WITH STAFF AND PATIENTS	
Name	Designation
Johanne Lickiss	Nurse Consultant Infection Prevention

10. DEFINITIONS/GLOSSARY OF TERMS	

11. AUTHOR/DIVISIONAL/DIRECTORATE MANAGER APPROVAL			
Issued By	P Jebb	Checked By	David Holden
Job Title	Acting Assistant Director of Nursing	Job Title	Interim Deputy Director of Corporate Affairs and Governance
Date	November 2013	Date	November 2013

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Appendix 1: Equality Impact Assessment Form

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Department	Organisation Wide	Service or Policy	Policy	Date Completed:	June 2013
GROUPS TO BE CONSIDERED					
Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.					
EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED					
Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and socio economic/deprivation.					
QUESTION	RESPONSE			IMPACT	
	Issue	Action	Positive	Negative	
What is the service, leaflet or policy development? What are its aims, who are the target audience?	The Procedural Document is to ensure that all members of staff have clear guidance on processes to be followed. The target audience is all staff across the Organisation who undertakes this process.	Raise awareness of the Organisations format and processes involved in relation to the procedural document.	Yes – Clear processes identified		
Does the service, leaflet or policy/ development impact on community safety	Not applicable to community safety or crime	N/A	N/A		
• Crime • Community cohesion					
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No	N/A	N/A		
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No	N/A	N/A		
How does the service, leaflet or policy/ development promote equality and diversity?	Ensures a cohesive approach across the Organisation in relation to the procedural document.	All policies and procedural documents include an EA to identify any positive or negative impacts.			
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	The Procedure includes a completed EA which provides the opportunity to highlight any potential for a negative / adverse impact.				
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	Our workforce is reflective of the local population.				
Will the service, leaflet or policy/ development	N/A				
i. Improve economic social conditions in deprived areas					
ii. Use brown field sites					
iii. Improve public spaces including creation of green spaces?					
Does the service, leaflet or policy/ development promote equity of lifelong learning?	N/A				
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	N/A				
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	N/A				
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	N/A				

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Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	None identified			
ACTION:				
Please identify if you are now required to carry out a Full Equality Analysis		No	(Please delete as appropriate)	
Name of Author:	Paul Jebb	Date Signed:		
Signature of Author:		June 2013		
Name of Lead Person:		Date Signed:		
Signature of Lead Person:				
Name of Manager:	Mary Aubrey	Date Signed:		
Signature of Manager		June 2013		

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