

HR22

Staff Dress Code and Uniform Policy

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Appendices

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1.0 Policy Statement

- 1.1 This policy applies to all staff, including those working via honorary contracts or secondment contracts, visiting clinical staff, sub-contractors, bank and agency workers, volunteers, apprentices, and students when working on Trust premises. It applies to both uniformed and non-uniformed staff groups.
- 1.2 This policy sets out the expectations of the Trust in relation to corporate dress code and the wearing of Trust uniforms.
- 1.3 The Dress Code and Uniform Policy is necessary in order to:
- Maximise infection prevention;
 - Minimise the risk of injury to patients;
 - Comply with Health and Safety Regulations;
 - Present a corporate image;
 - Enhance Trust security arrangements;
 - Comply with Food and Safety Legislation.
- 1.4 The Trust considers that the way employees dress and their appearance is of significant importance in portraying a professional image to all users of its service, whether patients, visitors, clients or colleagues.

2.0 Definitions

- 2.1 The Dress Code and Uniform Policy defines specific categories of staff, i.e. uniformed or non-uniformed and working environment. All staff must observe the Dress Code and Uniform Policy and ensure that they are aware of the Trust's expectations.
- 2.2 The below table outlines definitions for terms referred to within the policy and its attachments:

Bare Below the Elbows	The Trust has adopted the 'Bare Below the Elbows' practice as part of its infection prevention measures to reduce the spread of infection and facilitate hand hygiene. This is applicable to all clinical areas, i.e. from the door that provides direct access to a Ward or Department where patients are seen and/or treated or in any facility where personal care is being provided (<i>Further information in section 2.3 below</i>).
Clinical area	Staff responsible for performing patient care duties, either with direct patient contact or within the patient's close environment, are considered to work within a clinical area, i.e. from the door that provides direct access to a Ward or Department where patients are seen and/or treated or in any facility where personal care is being provided. This includes working on the Ward and in Outpatient Clinics, Surgical Minor Procedure Rooms, specialised clinical areas such as Surgical Theatres, and the Integrated Intensive Care Unit (the list is not exhaustive). This also includes any Community based settings where Trust business is being carried out.
Headwear	Headwear refers to all religious/cultural headwear, including a turban, hijab, kippah and niqab.

Jewellery	Jewellery refers to items including rings, earrings, piercings (including facial piercings), bindi's, necklaces, wrist watches, bracelets and anklets.
Mufti	Refers to plain or ordinary clothes as opposed to a uniform.
Non-uniform	The term "non-uniform" is used in this policy to relate to clothing that has not been provided by the Trust.
Religious/ Cultural Dress	<p>Religious/Cultural Dress refers to all religious/cultural dress.</p> <ul style="list-style-type: none"> - Kara - a steel bracelet worn on the wrist (usually the right wrist). The wearing of the Kara is a requirement of a Sikh religion. The Kara can be worn in everyday practice and its cleanliness must be maintained alongside regular hand hygiene. Guidelines on aseptic procedures when a plain metal band is worn on the finger must also be applied to the Kara. - Jilbab - long and loose-fit coat that covers the entire body except for hands and face. <p>It is important to explore with individual members of staff where there may be issues of religious/cultural significance and negotiate a suitable arrangement and to ensure that no risks are posed to patients, visitors or to the public, or to their colleagues.</p>
Uniform	The term "Uniform" is used within the policy to relate to clothing provided to staff by the Trust, including bank workers.

2.3 Bare Below The Elbows

In order to comply with the 'Bare Below the Elbows' code all staff in a clinical area must comply with the following.

- Nails must be short and clean with no nail polish, jewels or extensions.
- Wrist and hand jewellery must be removed at the beginning of each shift by all staff working in clinical areas with the single exception of one plain, un-stoned ring. Rings must be moved or removed when hand hygiene is being done to reach the bacteria which may hide underneath them. Wedding bands with indentations require additional attention to reduce potential for contamination with micro-organisms.
- One single plain, unstoned Kara bracelet, which can be moved to mid arm to allow for hand hygiene, can be worn.
- Sleeves must be short or rolled up securely above the elbow.
- Any staff member with any portion of their forearm, wrist and/or hand in a bandage, splint, plaster cast and/or sling of any description cannot be permitted to work in the clinical environment as hand decontamination is paramount to prevent the spread of infection.

3.0 Accountabilities

3.1 The **Director Sponsor** will be accountable for the revision of this policy which will be necessary from time to time as a result of changes in legislation or in the light of experience when applying the policy and its associated procedures. Any revisions will be agreed through the Trust's Joint Negotiating Committee.

3.2 The **Executive Directors, Deputy Directors, Chief Operating Officer, Deputy Chief Operating Officers, Divisional Heads of Nursing and Head of Midwifery** and will be

responsible for ensuring that this Policy is fairly and consistently applied within their area of responsibility in the Trust.

- 3.3 Group Managers, Department Managers, Heads of Service, Directorate Managers, Clinical Directors and Matrons will be responsible for ensuring this policy (including its attachments) is adhered to at all times by employees that they manage or supervise.
- 3.4 Managers are responsible for ensuring the Policy is adhered to at all times in respect of the employees they manage.
- 3.5 All staff are responsible for complying with this Policy. They must understand how this Policy relates to their working environment, health and safety, infection prevention, their particular role and duties during the course of their employment and also, any honorary duties carried out within the Trust.
- 3.6 Failure to adhere to this Policy may constitute misconduct and result in formal disciplinary proceedings by the Trust or respective employers.
- 3.7 At all times on duty, staff are required to wear any identity, security or safety badges issued by the Trust so that staff can be easily identified. Staff from other organisations with Honorary Trust contracts or secondment contracts and visiting clinical and non-clinical staff, volunteers, apprentices and contractors must also wear their relevant identity, security and safety badges.

4.0 Policy Detail

- 4.1 The Trust considers that the way employees dress and their appearance is of significant importance in portraying a professional image to all users of its service, as well as being necessary for the reasons detailed in section 1.3.
- 4.2 This Policy with its attachments is designed to guide managers and employees on the Trust standards of dress and appearance. It is not exhaustive in defining all acceptable and unacceptable standards of dress and appearance and therefore managers and employees must use common sense in adhering to the underpinning principles; a sensible approach must be taken to ensure the spirit of the code is applied. The principles outlined in the policy rationale (section 1.3) must act as a guide to decision making.
- 4.3 A local dress code may be agreed for specific staff groups where appropriate and necessary in order for staff to carry out their duties. Local protocols must be wholly consistent with the principles contained in this Policy and the law relating to personal protective equipment. Any local protocols must be approved by the responsible Divisional Management Team.
- 4.4 The morbidity and mortality of Healthcare Associated Infection (HCAI) cannot be understated, and the safety of patients in relation to HCAI is a high priority for the Trust.
- 4.5 Dress code, uniform and hygiene in the clinical setting are integral to the control and prevention of HCAI. This policy is therefore based on the principles, directions and guidelines as stated in the Health and Social Care Act 2008 updated 2012 and Uniforms and Workwear: guidance for NHS Employers (NHS England).

- 4.6 All healthcare workers have a responsibility to minimise the spread of infection by wearing the appropriate clothes in the clinical setting and complying with the requirements in this Policy and its attachments. **They must be read in conjunction with the Trust's Infection Prevention Policies.**
- 4.7 This Policy considers the principles and guidelines within the Equality Act 2010, and also the rights of individuals to express themselves freely. The Trust also respects the diversity of cultures and religions and disabilities of its employees and will take a sensitive approach when this affects dress and uniform requirements. However, there may be circumstances in which there are genuine occupational reasons as to why the wearing of certain articles of clothing etc. is not permissible and priority will be given to health and safety, security and infection prevention. This Policy has been referred to the various religious and cultural leads to reach assurance that it does not cause offence or discrimination.
- 4.8 Managers and staff are encouraged to work together to address any concerns that may arise as a consequence of the requirements of this policy. Further advice may be sought from the Human Resources Department and, or trade union representatives. Staff who feel that their concerns in relation to the policy remain unresolved following informal dialogue with their manager can raise their concerns through the Trust's Grievance Policy (HR06).
- 4.9 This policy is supported by the following procedures:-
- Attachment 1** [Dress Code – Non-Clinical Staff working in Non-Clinical Areas](#)
 - Attachment 2** [Dress Code – Non-Uniformed Staff working in Clinical Areas](#)
 - Attachment 3** [Dress Code – Uniformed Staff working in Clinical Areas](#)
 - Attachment 4** [Dress Code – Uniformed Non-Clinical Staff](#)
 - Attachment 5** [ID Badge Procedure \(Appendix 1\)](#)
- Appendix 1** [Application Form for a Community Trust ID Token](#)

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	

6.0 Equality Impact Assessment

6.1 The screening checklist has been completed. Reasonable efforts have been made to eliminate any possible Equality and Diversity Discrimination occurring.

An equality analysis has been carried out and it indicates that:

Tick	Options
	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.
√	B. There is some likely impact as identified in the equality analysis. Examples of issues identified, and the proposed actions include: <ul style="list-style-type: none"> References within the policy acknowledging religious and cultural beliefs and impact to work wear and uniform for example; the Kirpan, Kara, head scarf, necklaces that signify religious belief, however where possible adjustments have been identified in-line with Infection Prevention and Health and Safety Legislation

7.0 Maintenance

7.1 This policy will be reviewed every three years or earlier if warranted by a change in standards or if changes are deemed necessary from internal sources. Those responsible Infection Prevention, HR

8.0 Communication and Training

8.1 Approved Trust and Local Policies can be found on the Trust intranet pages.

8.2 The HR Department will provide advice and support to managers in the application of this policy as appropriate.

8.3 All Group Managers/Matrons/Departmental Managers are responsible for communication of this policy to their staff.

9.0 Audit Process

9.1 The Director of Workforce has overall responsibility for the update and maintenance of this policy.

9.2 The Divisional Team, as well as the Workforce Assurance Group will be responsible for monitoring its implementation and reviewing this policy to ensure it reflects national standards and best practice.

Criterion	Lead	Monitoring method	Frequency	Committee/ Group
Fairness in application of this policy	HR Department	Audit regarding number of grievance cases received in relation to the Staff Dress Code and Uniform Policy	Annual	Workforce Assurance Group

10.0 References - Legal, professional or national guidelines

- 10.1 Trust Infection Prevention and Control Policies (available on the Trust intranet)
Trust (OP26) Security Policy (available on the Trust intranet)
- 10.2 Statutory Legislation
- Equality Act 2010 Updated June 2015.
 - [Equality Act 2010: guidance - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
 - The Health and Safety at Work Act 1974
 - [Health and Safety at Work etc. Act 1974 \(legislation.gov.uk\)](http://legislation.gov.uk)
 - The Control of Substances Hazardous to Health (COSHH) Regulations 2002
 - [Control of Substances Hazardous to Health \(COSHH\) - HSE](http://www.hse.gov.uk)
 - The Management of Health and Safety at Work Regulations 1999
 - [The Management of Health and Safety at Work Regulations 1999 \(legislation.gov.uk\)](http://legislation.gov.uk)
 - The Health and Social Care Act 2012
 - [Health and Social Care Act 2012 \(legislation.gov.uk\)](http://legislation.gov.uk)
- 10.3 Other
- Care Quality Commission (replaced Healthcare Commission) Guidelines (2006 and 2007)
 - Uniforms and workwear: Guidance on uniform and workwear policies for NHS employers' (2020), NHS England
[Coronavirus » Uniforms and workwear: guidance for NHS employers \(england.nhs.uk\)](http://www.england.nhs.uk)
 - NHS Employers – Dress Codes and Discrimination (2016)
 - BMA – Dress Codes (2016)
 - The Royal Wolverhampton NHS Trust CQC Report (2015)
 - Employment Statutory Code of Practice (2011)
 - The Royal Wolverhampton NHS Trust TDA Report (2015)
 - The Food Safety and Hygiene (England) Regulations (2013)

Part A - Document Control

Policy number and Policy version: HR 22 V7.0	Policy Title Staff Dress Code And Uniform Policy	Status: Final		Author: Divisional HR Manager Chief Officer Sponsor: Group Chief People Officer
Version / Amendment History	Version	Date	Author	Reason
	V1	June 2006	HR Department	Original Policy
	V2	April 2008	HR Department	Review
	V3	February 2010	HR Department	Review
	V4	October 2011	HR Department	Review and Harmonisation
	V5	Nov 2016	Deputy HR Manager/ Assistant HR Manager	Review
	V5.1	April 2017	HR Manager / Assistant HR Manager	Minor amendments
	V5.2	May 2017	Assistant HR Manager	Minor amendments
	V5.3	July 2018	Deputy HR Manager	Minor amendments
	V5.4	October 2019	Divisional HR Manager	Table top review with Director of Workforce-extended until February 2020
	V5.5	April 2020	Divisional HR Manager	Table top review with Director of Workforce-extended until June 2020
	V5.6	June 2020	Head of HR	Minor amendments in the light of Covid-19 Requirements and extension applied until August 2010
	V5.7	Sept. 2020	Divisional HR Manager	Amendments made to policy and

			approved via Silver Command 14 Sept.202
V6.0	August 2020	Divisional HR Manager	3 Yearly Review of Policy/Minor amendments
V6.1	July 2023	Divisional HR Manager	Extension
V6.2	Dec. 2023	Divisional HR Manager	Extension
V6.3	Feb. 2024	Divisional HR Manager	Extension
V7.0	April 2024	Divisional HR Manager	Full review
Intended Recipients: All staff, including those working via honorary contracts, secondment contracts, visiting clinical staff, sub-contractors, bank and agency workers, volunteers, apprentices and students when working on Trust premises. It applies to both uniformed and non-uniformed staff.			
Consultation Group / Role Titles and Date: Divisional Management Teams, Staff Side, Policy consultation page.			
Name and date of Trust level group where reviewed		JNC – January 2024 Trust Policy Group Date 5 th April 2024	
Name and date of final approval committee		Trust Management Committee – May 2024	
Date of Policy issue		June 2024	
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		May 2027 (then every 3 years)	
Training and Dissemination: Communication and dissemination through all user bulletin and Divisional Management Teams. Divisional meetings will receive verbal updates by HR Managers Document available on the intranet.			
To be read in conjunction with: Trust Infection Prevention & Control Policies; OP26 Security Policy (regarding ID Badge Procedure)			
Initial Equality Impact Assessment (all policies):		Completed Yes	
Impact assessment (as required):		Completed Yes	
If you require this document in an alternative format e.g., larger print please contact Policy Management Officer ext. 85887			
Monitoring arrangements and Committee		People Committee	
Document summary/key issues covered:			
This policy sets out the expectations of the Trust in relation to corporate dress code and wearing of Trust uniforms.			
The Trust considers that the way employees dress and their appearance is of significant importance in portraying a professional image to all users of its service, whether patients, visitors, clients or colleagues.			
The Dress Code and Uniform Policy is necessary in order to:			

<ul style="list-style-type: none">a. Maximise infection preventionb. Minimise the risk of injury to patientsc. Comply with Health and Safety Regulationsd. Provide a Corporate imagee. Enhance Trust security arrangementsf. Comply with Food and Safety Legislation	
Key words for intranet searching purposes	Dress Code Uniforms Workwear Infection Prevention clothing Hair Trainers Nails

Dress Code – Non-Clinical Staff working in Non-Clinical Areas

1.0 Procedure Statement

- 1.1 This procedure applies to all Non-Clinical staff working in non-clinical areas, including those working via honorary contracts or secondment contracts, sub-contractors, bank and agency workers, volunteers, apprentices and students when working on Trust premises.
- 1.2 This procedure must be read in conjunction with the main policy document, HR22.

2.0 Accountabilities

- 2.1 As detailed within the main policy document, HR22.

3.0 Procedure Detail / Actions

3.1 Acceptable Clothing

- Skirts or kilts (of a length and style appropriate for the professional environment), dresses, culottes, suits, tailored trousers, slacks or knee length shorts
- Blouses, smart tops, shirts (with collars – long or short sleeve) and ties.
- Jumpers, cardigans, sports and suit jackets and blazers.

Further details regarding protective clothing can be found in the additional information section of this document.

3.2 Non-acceptable Clothing

- Denim jeans or skirts (all colours and styles).
- Track suits, casual sports t-shirts, leisure shorts, combat trousers, sweat-shirts, baseball caps and hoodies.
- Overly tight or revealing clothes, including mini-skirts, tight and short shorts tops with low necklines or which reveal the midriff, strapless tops and leggings.
- Skirts that are sufficiently long that they touch the ground when walking are not acceptable on safety and hygiene grounds.
- Clothing bearing slogans.

These are deemed unacceptable on the grounds of Health and Safety, hygiene or the Trust's public image.

- 3.2.1 It is recognised that in exceptional circumstances it may be appropriate for staff to “dress down” in order to undertake a specific task, for example when supporting an office move. This must be approved by the responsible Divisional Management Team and must be wholly consistent with the principles contained in this Trust code.

3.3 **Footwear**

Footwear must be safe, sensible, in good condition, smart and clean and comply with the Trust's Health and Safety policies. Plastic flip-flops are not acceptable. Smart black trainers with black soles, without visible logos are permitted, any other trainers are not permitted unless this has been authorised by the responsible Divisional Management Team for specific specialist roles or activities. Certain jobs require non-clinical staff to wear protective footwear. These staff must wear the correct footwear for undertaking their work and if staff are uncertain they must check with their line manager. Further details regarding protective footwear can be found in the additional information section of this document.

3.4 **Tattoos (including henna, permanent and temporary tattoos)**

Tattoos are to be covered as much as possible where present. Tattoos must not be visible if they have the potential to cause offence, e.g. they should not contain explicit, discriminatory or political images or slogans. All staff are expected to comply with this requirement. The line manager reserves the right to make a judgement as to what is acceptable, in accordance with the relevant professional lead.

3.5 **Jewellery and Piercings**

Any jewellery worn must not cause offence or be a Health and Safety hazard (if in doubt, staff should seek advice from their line manager). Facial/visible body and tongue piercings are not permitted and must be removed before coming onto duty. The exception to this is a single stud nasal piercing. Where staff choose to wear a bindi for religious reasons, it must be painted as opposed to stuck on. If staff have other piercings for religious or cultural reasons, they must be covered.

3.6 **Hair**

Hair must be clean, neat and tidy at all times. Hair accessories when worn must be discreet. Normal cloth headscarves or Hijabs are allowed for religious purposes, but must be unadorned and secured neatly, they must be plain black or navy or match the colour of the designated uniform, they must be washed regularly.

Beards must be kept off uniforms and clothing and kept neatly trimmed, unless it reflects the individual's religion where it must be kept tidy.

3.7 **Make up and Perfume**

Minimal make up that is suitable for the professional environment may be worn. Perfumes and after shaves must be subtle.

3.8 **Allowance on the grounds of religious or cultural beliefs**

- 3.8.1 The wearing of items arising from cultural or religious norms is in most circumstances welcomed by the Trust, providing that the health, safety and security of patients or staff is not compromised (see main policy document, HR22 section 1.3). Specific requests must be made through the responsible Divisional Management Team.

- 3.8.2 Staff who wear facial covering for religious reasons are required to remove these while on duty. This is to ensure that the member of staff is identifiable, and to enhance engagement and communication with patients, visitors and colleagues.
- 3.8.3 Symbols, badges and jewellery, such as a crucifix are permissible provided that the dress code guidelines are adhered to (see main policy document, HR22 section 1.3 and section 3.5 of this document).
- 3.8.4 Headwear - hijabs are permitted provided that they do not affect health and safety, or prevent the employee from doing their job effectively. Turbans and kippots, veils (Christian) and headscarves are supported on religious grounds. The latter must be shoulder length and must be worn unadorned and secured neatly.
- 3.9 **Allowance on the grounds of patriotism or political beliefs**
- 3.9.1 Political beliefs are not covered within the UK regulations. Employees and managers must give due consideration to ensuring that clothing is not offensive, i.e. the wearing of t-shirts or other garments with political statements is not permitted.
- 3.9.2 Symbols and badges are not permitted (with the exception of point 3.8.3) in order to comply with the principles within the main policy document, HR22 section 1.3, unless they are in recognition of an approved Trust campaign or a recognised professional body.
- 3.9.3 The above are intended as a guide for managers and employees only. Staff are encouraged to discuss any additional clothing requirements with their managers on an individual basis.

3.10 **Additional Information**

3.10.1 Protective Clothing and Footwear

A number of non-clinical staff groups are required to wear protective clothing and footwear as part of their individual role, and these are provided by the Trust as required. The principles are based upon the need for:

- Patient Safety
- Personal Safety
- Statutory Regulatory Requirements
- Work Environment
- Health and Safety Requirements
- Infection Prevention
- Food Hygiene.

The provision of personal protective equipment is the responsibility of the Trust. Each manager must ensure that personal protective clothing, footwear and equipment is available to the employee in accordance with Health and Safety regulations and local/statutory recommendations.

- 3.10.2 Staff in roles that require such clothing and footwear are required to wear this whilst carrying out their duties. If individuals are unsure about such requirement, they must discuss this with their manager.

4.0 Equipment Required

N/A

5.0 Training

As detailed within the main policy document, HR22.

6.0 References

As detailed within the main policy document, HR22.

Dress Code – Non-Uniformed Staff working in Clinical Areas

1.0 Procedure Statement

- 1.1 This procedure applies to all non-uniformed staff working in clinical areas, including those working with via honorary contracts or secondment contracts, visiting clinical staff, sub-contractors, bank and agency workers, volunteers, apprentices and students when working on Trust premises.
- 1.2 This procedure must be read in conjunction with the main policy document, HR22.

2.0 Accountabilities

- 2.1 As detailed within the main policy document, HR22.

3.0 Procedure Detail / Actions

3.1 Acceptable Clothing

- Skirts or kilts (of a length and style appropriate for the professional environment), dresses, culottes, suits, tailored trousers or slacks, knee length tailored or smart shorts.
- Blouses, smart tops, shirts (with collars – long or short sleeve) and ties (tucked into the shirt, see section 3.4). Long sleeves must be rolled up securely above the elbows.
- Jumpers, cardigans, sports or suit jackets and blazers (only when worn outside of the clinical area unless short sleeved, see section 3.11).

Further details regarding protective clothing can be found in the additional information section of this document.

3.2 Non-acceptable Clothing

- Denim jeans or skirts (all colours and styles).
- Track suits, casual sports t-shirts, leisure shorts, combat trousers, sweat-shirts, baseball caps and hoodies.
- Overly tight or revealing clothes, including mini-skirts, tops with low necklines or which reveal the midriff, strapless tops and leggings.
- Skirts that are sufficiently long that they touch the ground when walking are not acceptable on safety and hygiene grounds.
- Clothing bearing slogans.

These are deemed unacceptable on the grounds of health and safety, hygiene or the Trust's public image.

3.2.2 It is recognised that in exceptional circumstances it may be appropriate for staff to “dress down” in order to undertake a specific task, for example when supporting an office move. This must be approved by the responsible Divisional Management Team and must be wholly consistent with the principles contained in this Trust code.

3.3 **Bare Below The Elbows**

All staff working in clinical areas must follow the ‘Bare Below the Elbows’ code, as part of its infection prevention practices to reduce the spread of infection and facilitate hand hygiene. This is applicable in all clinical areas, i.e. from the door that provides direct access to a ward or department where patients are seen and, or treated or in any facility where personal care is being provided. Further details on the ‘Bare Below the Elbows’ requirements are contained within section 2.3 of the main policy document, HR22. Staff working in clinical areas must follow the ‘Bare Below the Elbows’ code as outlined in the main policy document HR22.

3.4 **Lanyards**

“Pulley clips” must be used instead of lanyards. Lanyards are not permitted to be used by staff in clinical areas. Lanyards have been shown to be colonised by pathogens. They are regularly handled by the owner and come into contact with many objects and have the potential to act as a vector for the transmission of Healthcare associated infections (HCAs).

3.5 **Badges**

Name badges and ID badges must be worn at all times. Only badges relating to healthcare should be worn with a maximum of 4 only.

3.6 **Ties**

Ties perform no beneficial function to patient care and have been shown to be colonised by pathogens. They are regularly handled by the owner and come into contact with numerous objects. Ties have the potential to act as a vector for the transmissions of HCAI’s. They must be removed when in any clinical area.

3.7 **Footwear**

Footwear must be safe, sensible, in good condition, smart and clean and comply with the Trust’s Health and Safety policies. Shoes must be soft-soled, dark in colour, and closed over the foot and toes. This is to minimise health and safety and infection risks, reduce noise levels for patients, and to ensure that staff are able to respond rapidly in emergency situations. It is also necessary to ensure staff are protected from spillage or bodily fluids, and to facilitate safe manual handling (if and when required). Plastic flip-flops are not acceptable. Smart black trainers with a black sole and non-visible logo are permitted but with a wipeable upper made of a non-absorbent material such as leather or vegan alternative. Any other trainers including black trainers with a white sole and fabric upper are not permitted unless this has been authorised by the responsible Divisional Management Team for specific specialist roles or activities.

3.8 **Tattoos (including henna, permanent and temporary tattoos)**

Visible tattoos are to be discouraged and must, where possible, be covered up when on duty in order to comply with section 1.3 of the main policy document, HR22. Where present, tattoos must not be offensive to others. Tattoos must not be visible if they have the potential to cause offence, e.g. they should not contain explicit, discriminatory or political images or slogans. All staff are expected to comply with this requirement. The line manager reserves the right to make a judgement as to what is acceptable, in accordance with the relevant professional lead. Non-uniformed staff working in clinical areas with tattoos on their forearms must also, where possible, cover them up when on duty, however priority must be given to complying with the 'Bare Below the Elbows' code when present in the clinical area (see section 2.3 of the main policy document).

3.9 **Jewellery and Piercings**

3.9.1 All jewellery must be kept to a minimum; only one wedding ring or one plain, unstoned ring, is permitted. Staff may wear a pair of small plain earring studs, for facial piercings (e.g. nose) one small plain stud may be worn, (no hoops or rings), this stud must have a mechanism to ensure it is properly secured. All other facial and visible body and tongue piercings are not permitted and must be removed before coming on duty. This is to minimise the risk of self-harm from being caught by a patient or in equipment resulting in skin tearing. Hooped earrings are not permitted. If staff have piercings for religious or cultural reasons, these must be covered.

3.9.2 The ring must be moved or removed when hand hygiene is being performed in order to reach the bacteria which can hide underneath them. Wedding bands with indentations require additional attention as part of the staff hand washing procedure to reduce the potential for contamination with micro-organisms.

3.9.3. The wearing of necklaces when working in a clinical area is not permitted, with the exception of an SOS necklace (which may be worn to indicate the existence of a medical condition) or a religious symbol, such as a crucifix, or a necklace exchanged as part of a religious ceremony. An SOS necklace, religious ceremony necklace or a crucifix etc. must be worn inside the clothing and be long enough to be obscured from view.

3.9.4 Wrist watches, Smart watches such as Fitbit, Apple, Garmin and bracelets must also be removed at the beginning of each shift by all staff working in clinical areas. A fob watch may be worn as an alternative to a wristwatch; however this must be positioned to ensure that patient or staff safety during care is not compromised.

3.9.5 Where staff choose to wear a bindi for religious reasons, it must be painted as opposed to stuck on.

3.9.6 **Hair**

Hair must be clean, neat and tidy at all times. Hair accessories when worn must be discreet. Normal cloth headscarves or Hijabs are allowed for religious purposes, but must be unadorned and secured neatly, they must be plain, black or navy or match the colour of the uniform, they must be washed regularly at 60C.

Beards must be kept short and neatly trimmed, unless it reflects the individual's religion where it must be kept tidy.

Beards must be kept off clothing and uniforms and be neatly trimmed, unless it reflects the individual's religion, when it must be kept tidy.

In addition to the points above, where staff are in a role providing direct patient care:

- Hair must be arranged off the face and collar with a suitable hair accessory (e.g. hairband/clip)
- Hair must not be able to fall forward upon bending.

3.9.7 Nails

False nails, gel, acrylics etc are not permitted. Nail varnish, including plain nail varnish nail tips or jewels are not permitted. Nails must be sufficiently short to ensure safe patient and visitor contact.

3.9.8 Make up and Perfume

Minimal make up that is suitable for the professional environment may be worn. Perfumes and after shaves must be subtle. False eyelashes of any sort must not be worn, unless for medical reasons and agreed by line manager following a risk assessment.

3.9.9 Suit Jackets, Blazers, Cardigans and Jumpers

All staff working in a clinical area must follow the 'Bare Below the Elbows' code (as outlined in section 2.3 of the main policy document, HR22). Plain black or navy cardigans or jumpers, sports or suit jackets and blazers may be worn outside the clinical area whilst commuting between sites.

3.10 Allowance on the grounds of religious or cultural beliefs

- 3.11 The wearing of items arising from cultural or religious norms is in most circumstances welcomed by the Trust, providing that the health, safety and security of patients or staff is not compromised (see main policy document, HR22 section 1.3). Specific requests must be made through the responsible Divisional Management Team.
- 3.12 The wearing of the Kara is a requirement of a Sikh religion. The Kara can be worn in everyday practice and its cleanliness must be maintained alongside regular hand hygiene. Staff must ensure that the Kara can be pushed up to the arms and secured in place for hand washing and direct patient care activity. The Kara must be plain and unstoned.
- 3.13 Staff who wear facial covering for religious reasons are required to remove these while on duty. This is to ensure that the member of staff is identifiable, and to enhance engagement and communication with patients, visitors and colleagues.
- 3.14 Symbols, badges and jewellery, such as a crucifix (see 3.7.5) are permissible provided that the dress code guidelines are adhered to (see main policy document, HR22 section 1.3 and section 3.5 of this document).

3.15 Headwear – hijabs are permitted provided that they do not affect health and safety, or prevent the employee from doing their job effectively. Turbans and kippots, veils (Christian) and headscarves are supported on religious grounds, they must be plain, black or navy or match the colour of the uniform. The latter must be shoulder length and must be worn unadorned and secured neatly.

3.16 Allowance on the grounds of patriotism or political beliefs

3.16.1 Political beliefs are not covered within the UK regulations. When wearing ‘mufti’, employees and managers must give due consideration to ensuring that clothing is not offensive, i.e. the wearing of t-shirts or other garments with political statements is not permitted.

3.16.2 Symbols and badges are not permitted in order to comply with the principles within the policy rationale (see main policy document, HR22 section 1.3), unless they are in recognition of an approved Trust campaign, or a recognised professional body.

3.16.3 The above are intended as a guide for managers and employees. Staff are encouraged to discuss any additional clothing requirements with their managers on an individual basis.

3.16.4 Smoking and Vaping

If staff members choose to smoke or vape, they must ensure that their indoor clothing is covered up to ensure the smell of smoke does not cause offence or have a poor effect for patients ([see HS32](#)).

3.17 Additional Information

Further Minimum Requirements

3.17.1 *In addition to the principles outlined above in section 3*, Healthcare

Professionals have a responsibility to minimise the spread of HCAs by wearing appropriate clothing in the clinical setting.

3.17.2 Maximum contamination occurs in the areas of greatest hand contact (e.g. pockets and cuffs) and re-contamination may therefore occur following hand-washing.

3.17.3 Non-uniformed workers who provide direct clinical care must therefore:

- Wear clothes that minimise the spread of infection (e.g. those made from closely woven cotton) and that can be laundered frequently;
- Remove ties and tuck-in functionless clothing items.
- Ensure that clothes are thoroughly laundered separate from other clothing items;
- Presume some degree of contamination, even on clothing which is not visibly soiled.

3.17.4 Dental Staff must wear tunics during routine dental treatment sessions or supervising students during clinical sessions.

3.17.5 When dealing with patients who pose a risk of infection, standard precautions must

apply and personal protective equipment must be worn in accordance with the Trust Infection Prevention Policies.

- 3.16.6 Aprons must also be worn when there is a risk that clothing may become exposed to blood, bodily fluids, secretions or excretions.

Protective Clothing and Footwear

- 3.17.7 A number of clinical and non-clinical staff groups are required to wear protective clothing and footwear as part of their individual role, and these are provided by the Trust as required. The principles are based upon the need for:

- Patient Safety
- Personal Safety
- Statutory Regulatory Requirements
- Work Environment
- Health and Safety Requirements
- Infection Prevention
- Food Hygiene

The provision of personal protective equipment is the responsibility of the Trust. Each manager must ensure that personal protective clothing, footwear and equipment is available to the employee in accordance with Health and Safety regulations and local/statutory recommendations.

- 3.17.8 Staff in roles that require such clothing and footwear are required to wear this whilst carrying out their duties. If individuals are unsure about such requirement they must discuss this with their manager.

4.0 Equipment Required

N/A

5.0 Training

As detailed within the main policy document, HR22.

6.0 References

As detailed within the main policy document, HR22.

Dress Code – Uniformed Staff working in Clinical Areas

1.0 Procedure Statement

- 1.1 This procedure applies to all uniformed staff working in clinical areas, including those working with via honorary contracts or secondment contracts, visiting clinical staff, sub-contractors, bank and agency workers, volunteers, apprentices and students when working on Trust premises.
- 1.2 This procedure must be read in conjunction with the main policy document, HR22.

2.0 Accountabilities

As detailed within the main policy document, HR22.

3.0 Procedure Detail / Actions

- 3.1 All uniformed staff must wear the Trust uniform which denotes their role when giving clinical care or undertaking administrative duties in a clinical setting (either in an acute or community setting). Any variations (e.g. due to summer heat, health condition etc.) must be approved by the Divisional Management Team.
- 3.2 The uniforms issued must not be altered or added to by the individual. Therefore t-shirts must not be visible underneath uniforms. If changes are required, they must be undertaken by the sewing room, unless agreed otherwise within Departments. Staff leaving the Trust or changing roles must return their uniforms to the Trust.
- 3.3 Where there is appropriate changing facilities, staff must change into their uniform when they arrive for duty and that they change out of their uniform before going off duty. Where appropriate changing facilities are not provided staff are permitted to travel between home and work in their uniform as long as it is fully covered by a coat. The exception to this being a theatre scrubs uniform, which must never be worn travelling to/from work. Theatre hats should not be worn outside of work or whilst travelling.
- 3.4 A clean uniform in a presentable fashion must be worn daily. Staff are expected to maintain high standards of personal hygiene. In the event of contamination with blood or body fluids, uniforms must be changed immediately. To maintain the cleanliness of uniforms throughout the day, staff must ensure that the appropriate aprons are utilised when dealing with blood, body fluids or food handling.
- 3.5 The wearing of any Trust uniform, even if covered by a coat, in public places outside of the Trust, such as in supermarkets, restaurants, and travelling on public transport (other than Trust transport in the course of duties, or on public transport if appropriate changing facilities are not provided as per point 3.3) is not acceptable. Failure to comply with this may lead to disciplinary action. It is acknowledged however that there may be some community based activities that require staff to wear their uniforms in public places outside of the Trust, such as patient-related shopping, patient-related public transport activities, and patient-related employer visits. This must only occur

where it is in the course of the staff members duties and where the responsible Divisional Management Team have given authorisation.

3.6 Staff must wear the uniform provided by the Trust. Purchasing of their own or any adaptations, such as wearing leggings is not permitted.

3.7 **In addition to the points above, where staff wear scrub uniforms (scrubs), the following must also be adhered to.**

- Only RWT-issued scrub uniforms must be used.
- Theatre scrubs should not be taken home under any circumstances.
- Theatre scrubs may only be worn outside of theatres in designated areas as agreed by the responsible Divisional Management Team for the area.
- Unless in the course of their duties, theatre staff are prohibited from leaving clinical areas in their scrub uniform, for example to visit retail outlets during breaks. Failure to comply may lead to disciplinary action.
- All staff entering theatres must wear freshly laundered theatre clothing (including warm up jackets).

3.8 **Lanyards**

- “Pulley clips” must be used instead of lanyards. Lanyards are not permitted to be used by staff in clinical areas. Lanyards have been shown to be colonised by pathogens. They are regularly handled by the owner and come into contact with many objects and have the potential to act as a vector for the transmission of Healthcare associated infections (HCAs).

3.9 **Badges**

Name badges and ID badges must be worn at all times. Only badges relating to healthcare should be worn with a maximum of 4 only.

3.9.1 **Footwear**

Uniformed staff must wear flat or low heeled black plain leather or leather look, vegan, or appropriate alternative material closed in shoes with non-slip soles, with the exception of Matrons who may wear navy coloured shoes of the same description.

This is to minimise Health and Safety and infection risks, reduce noise levels for patients, and to ensure that staff are able to respond rapidly in emergency situations. It is also necessary to ensure staff are protected from spillage or bodily fluids, and to facilitate safe manual handling. Crocs™ and Crocs™ work shoes, canvas or suede shoes are not permitted. For Scrub/Theatre exceptions see 3.9.5 below.

3.9.2 Smart black trainers with a black sole, and non-visible logos are permitted they must be made with a wipeable upper made of a non-absorbent material, such as leather or vegan alternative. Any other trainers are not permitted including black trainers with a fabric upper unless authorised by the responsible Divisional Management Team for specific specialist roles or activities.

3.9.3 All staff are responsible for the cleaning of their own footwear.

3.9.4 Black- or neutral-coloured non-patterned tights or stockings must be worn if staff are wearing a dress, with the exception of Matrons who can wear navy coloured non-patterned tights/stockings. For staff wearing tunic and trousers, plain muted colour socks must be worn. During the summer heat, staff may be excused from wearing tights or stockings at the line manager's discretion.

3.9.5 For Scrub/Theatre Staff Only (see also 3.7)

Theatre footwear will be worn by staff in designated areas. Staff choosing to wear crocs/clogs in theatres must opt for clogs with an ankle strap for support.

Staff must not leave the theatre environment wearing theatre shoes/boots.

Theatre Support Assistants must wear shoes with a protective toecap when changing gas cylinders.

Staff wearing scrub uniforms and working in theatres must comply with Health and Safety footwear requirements; the footwear must be coloured navy blue, black or white. All footwear must be of an appropriate design and material that permits cleaning.

3.9.6 Medical Engineering, laboratory staff and similar staff groups may be required to wear a white coat within their specific workplace but these should be removed when visiting clinical areas and appropriate PPE worn, as appropriate.

4 **Tattoos (including henna, permanent and temporary tattoos)**

Visible tattoos are to be discouraged and must, where possible, be covered up when on duty in order to comply with section 1.3 of the main policy document, HR22. Tattoos must not be visible if they have the potential to cause offence, e.g. they should not contain explicit, discriminatory or political images or slogans. All staff are expected to comply with this requirement. The line manager reserves the right to make a judgement as to what is acceptable, in accordance with the relevant professional lead. Uniformed staff working in clinical areas with tattoos on their forearms must also, where possible, cover these up when on duty. Priority must be given to complying with the 'Bare Below the Elbows' code when present in a clinical area (see section 2.3 of the main policy document).

4.1 **Jewellery and Piercings**

Staff working in clinical areas must follow the 'Bare Below the Elbows' code as outlined in section 2.3 of the main policy document, HR22.

4.2 All jewellery must be kept to a minimum: only a wedding ring or one plain un-stoned ring is allowed. Staff may wear a pair of small plain earring studs, for facial piercings (e.g. nose) one small plain stud may be worn (no hoops or rings), this stud must have a mechanism to ensure it is properly secured. This is to minimise the risk of self-harm from being caught by a patient or in equipment resulting in skin tearing. Hooped earrings are not permitted.

- 4.3 The ring must be moved or removed when hand hygiene is being performed in order to reach the bacteria which can hide underneath them. Wedding bands with indentations require additional attention as part of the staff hand washing procedure to reduce the potential for contamination with micro-organisms.
- 4.4 Facial or visible body and tongue piercings are not permitted and must be removed before coming on duty, with the exception of one pair of discreet, plain studded earrings and one plain nose stud securely fastened. If staff have piercings for religious or cultural reasons, these must be covered. Hooped earrings are not permitted.
- 4.5 The wearing of necklaces when working in a clinical area and providing patient care is not permitted. There is an exception of an SOS necklace, which may be worn to indicate the existence of a medical condition, or necklaces exchanged as part of a religious ceremony. An SOS necklace or religious ceremony necklace must be worn inside the clothing and be long enough to be obscured from view.
- 4.6 Wrist watches, Smart watches such as Fitbit, Apple, Garmin and bracelets must be removed at the beginning of each shift by all staff working in clinical areas and staff providing direct patient care. A fob watch may be worn as an alternative to a wrist watch; however this must be positioned to ensure patient or staff safety during care is not compromised.
- 4.7 Where staff choose to wear a bindi for religious reasons, this must be painted as opposed to stuck on.
- 4.8 For clinical Theatre Staff only – no watches, jewellery, neck chains or ropes with attachments (such as pens on cords) are permitted within theatres, including lanyards. The only exception to this is a wedding ring or one plain un-stoned ring.

5 Hair

- Hair must be clean, neat and tidy at all times and arranged off the face and collar with a suitable discreet hair accessory (e.g. hairband/clip). Hair must not be able to fall forward upon bending. Normal cloth headscarves are allowed for religious purposes, but must be unadorned and secured neatly and must be plain black or navy or match the colour of the designated uniform. As per the laundry guidance at point 13 they must be washed regularly in a washing machine at 60° centigrade for 10 minutes (NHSE 2020), separate from other items.
 - Beards must be kept off clothing and uniforms and be neatly trimmed, unless it reflects the individual's religion, when it must be kept tidy.
- 5.1 For Theatre Staff only – in the operating theatre, hair must be entirely covered with their own reusable clean, theatre hat, which must be changed daily. Hats must always be clean and washed daily for at least 10 minutes at 60c (NHSE 2020) as per laundry guidance at point 13. Disposable hats will be available for non-trust staff working within theatres and if hats need changing due to contamination with blood or body fluids contaminated during the shift. The only exception to wearing hats outside of the theatre suite is during the course of clinical duties, for example where

theatre personnel are collecting and returning patients. Theatre hats should not be worn outside of work or whilst travelling. Beards must be covered with a face hood.

5.2 **Make up and Perfume**

False eyelashes of any sort must not be worn, unless for medical reasons, agreed by line manager following a risk assessment. Minimal make up that is suitable for the professional environment may be worn. Perfumes and after shaves must be subtle.

6 **Nails**

False nails, gel, acrylics etc are not permitted. Nail varnish, including plain nail varnish, /tips or jewels are not permitted. Nails must be sufficiently short to ensure safe patient and visitor contact.

7. **Suit Jackets, Blazers, Cardigans and Jumpers**

All staff working in a clinical area must follow the 'Bare Below the Elbows' code (as outlined in section 2.3 of the main policy document, HR22). Plain black, navy, red cardigans (or relevant match to the uniform) or jumpers, sports or suit jackets and blazers may be worn outside of the clinical area whilst commuting between sites.

8. **Allowance on the grounds of religious or cultural beliefs**

- 8.1 The wearing of items arising from cultural or religious norms is in most circumstances welcomed by the Trust, providing that the health, safety and security of patients of staff is not compromised (see main policy document, HR22 section 1.3). Specific requests must be made through the responsible Divisional Management Team.
- 8.2 The wearing of the Kara is a requirement of a Sikh religion. The Kara can be worn in everyday practice and its cleanliness must be maintained alongside regular hand hygiene. Staff must ensure that the Kara can be pushed up to the arms and secured in place for hand washing and direct patient care activity. The Kara must be plain and unstoned.
- 8.3 Staff who wear facial covering for religious reasons are required to remove these while on duty. This is to ensure that the member of staff is identifiable, and to enhance engagement and communication with patients, visitors and colleagues.
- 8.4 Symbols, badges and jewellery, or religious artefacts such as a crucifix etc. are permissible provided that the dress code guidelines are adhered to (see main policy document, HR22 section 1.3 and section 3.5 of this document). A crucifix etc. must be worn inside the clothing and be long enough to be obscured from view.
- 8.5 Headwear – hijabs are permitted provided that they do not affect Health and Safety, or prevent the employees from doing their jobs effectively. They must be unadorned plain black or navy or match the colour of the uniform. Turbans and kippots, veils (Christian) and headscarves are supported on religious grounds. The latter must be shoulder length and must be worn unadorned and secured neatly, ensuring that they do not drape when providing patient care.

9 Allowance on the grounds of patriotism or political beliefs

- 9.1 Political beliefs are not covered within UK regulations. When wearing 'mufti' employees and managers must give due consideration to ensuring that the clothing is not offensive, i.e. the wearing of t-shirts or other garments with political statements is not permitted.
- 9.2 Symbols and badges are not permitted in order to comply with the principles within the policy rationale (see main policy document, HR22 section 1.3), unless they are in recognition of an approved Trust campaign or a recognised professional body.
- 9.3 Staff are encouraged to discuss any additional clothing requirements with their managers on an individual basis.

10 Smoking and Vaping

If staff members choose to smoke or vape, they must ensure that their indoor clothing is covered up to ensure the smell of smoke does not cause offence or have a poor effect for patients ([see HS32](#)). Theatre Staff who wish to smoke or vape must change from their theatre attire into outside clothes.

11 Allowance of Uniforms

Allowance of Uniforms for Nursing Staff and Allied Health Professionals will be one set of uniforms per contracted shift across 7 calendar days. Staff are able to purchase additional uniforms. Maternity clothing is provided. Community Teams wearing their own clothes must follow the dress code procedure for [Non-Uniformed Staff Working in Clinical Areas](#) in relation to working within a clinical area.

12 Uniform Replacement Criteria

- 12.1 Group Managers, Matrons and Heads of Department will initiate a system for replacement of uniforms when they are damaged, worn or no longer fit. Where appropriate in the first instance consideration must be given to utilising the Trust's Sewing Room to make necessary alterations in line with this policy and repairs, where this is cost efficient.
- 12.2 In cases where negligence is proven, the individual member of staff will replace the uniform or protective clothing at their own expense, whilst taking advantage of the Trust discounts from suppliers.
- 12.3 Uniforms and protective clothing and other items issued by the Trust remain the property of the Trust and must be returned to the Trust on termination of employment.
Group Managers, Matrons and Heads of Departments are to ensure that systems are implemented within their respective areas of responsibility to monitor and control items issued by the Trust.
- 12.4 Uniforms and protective clothing items are not automatically considered for re-issue after being handed in by staff, however, there are occasions when uniforms are almost brand new and may therefore be considered for re-issue. The Laundry will subject to the normal condemning procedure operate items not considered for re-

issue. It is essential, therefore, that all uniforms and protective clothing are collected after termination of employment or when being replaced under the normal 'wear and tear' criteria are returned to the Sewing Room for processing.

13 Infection Prevention – Laundry Guidance

The Trust has a duty to provide guidance to employees who are responsible for laundering and handling their own dirty or worn uniforms, as follows.

Uniforms must be washed:

- In a washing machine at 60° centigrade for 10 minutes (NHSE 2020), separate from other items;
- With laundry detergent in the quantities advised by the manufacturer of the washing machine (type, for example, biological or non-biological is not important);
- Dried as quickly as possible, or tumble dried, and ironed;
- Stored in an area where contamination with dust and/or other pollutants, is prevented.

14 Visitors to the Operating Theatre

Theatre Staff will guide all visitors to the operating theatres on what to wear. Any visitor entering an operating theatre must change into the appropriate scrubs and suitable footwear and wear a disposable theatre hat.

15 Staff Leaving the Theatre Environment

15.1 Staff must change out of their theatre scrubs when leaving the theatre environment.

15.2 Theatre shoes must be removed before leaving the theatre except when collecting a patient or returning a patient to a ward area. Outside shoes with protector toecaps will be used by Theatre Support Assistant's whenever leaving the theatre area and when moving gas cylinders, but will be changed to indoor shoes prior to re-entering theatre.

15.3 When leaving the hospital building to go outside, theatre uniform must be changed to outside clothes and a new theatre uniform donned when returning into the department. Staff who leave the operating theatre in a scrub uniform must change into a fresh scrub uniform when the re-enter the theatres.

15.4 Nucleus-based Theatre Staff who are rostered to work in Maternity, Beynon Centre or Heart and Lung, must change at their rostered place of work and not in Nucleus Theatre except in an emergency situation.

16 Additional Information

Protective Clothing and Footwear

15.2 A number of clinical and non-clinical staff groups are required to wear protective clothing and footwear as part of their individual role, and these are provided by the Trust as required. The principles are based upon the need for:

- Patient Safety
- Personal Safety
- Statutory Regulatory Requirements
- Work Environment

- Health and Safety Requirements
- Infection Prevention
- Food Hygiene

The provision of personal protective equipment is the responsibility of the Trust. Each manager must ensure that personal protective clothing, footwear and equipment is available to the employee in accordance with Health and Safety regulations and local/statutory recommendations.

15.3 Staff in roles that require such clothing and footwear are required to wear this whilst carrying out their duties. If individuals are unsure about such requirement they must discuss this with their manager.

15.4 Surgical Masks - with the exception of Orthopaedic Theatres, masks need not be worn by circulating staff. All masks must be single use and high filtration, provided with and without eye protection. Designated charcoal masks must be worn when exposed to laser plume (as defined in the applicable Local Rules).

All scrub teams must wear masks, but the wearing of masks by other operating theatre staff must be at the discretion of the individual consultant surgeon involved. Every individual in the operating theatre must wear a mask when prostheses or implantation surgery is being performed, or if the patient is immuno-compromised. Masks must be removed and disposed of at the end of each case, as they are a single use item. Masks must not be worn hanging around the neck.

15.5 Protective Eyewear must be readily available in every theatre suite and dental surgery, and their use enforced as per Standard Precautions and Infection Prevention Protocol.

17 Equipment Required
N/A

18 Training
As detailed within the main policy document, HR22.

19 References
As detailed within the main policy document, HR22.

Dress Code – Uniformed Non-Clinical Staff

1.0 Procedure Statement

- 1.1 This procedure applies to all uniformed non-clinical staff working in clinical or non-clinical areas, including those working with honorary contracts or secondment contracts, staff, sub-contractors, bank and agency workers, volunteers, apprentices and students when working on Trust premises.
- 1.2 This procedure must be read in conjunction with the main policy document, HR22.

2.0 Accountabilities

As detailed within the main policy document, HR22.

3.0 Procedure Detail / Actions

3.1 There are non-clinical staff groups that are registered to wear a uniform. This group includes, but is not exclusive to, job roles such as Pharmacists, Clinical Scientists, Medical Physics, Hotel Services and Laboratory Staff.

3.1.1 Staff are expected to comply with the Trust Dress Code for their relevant role depending on whether they are working in a clinical or non-clinical setting. Any requirements additional to those in this procedure are defined below.

- All staff who are uniformed and are not expected to work within a clinical area must comply with [Attachment 1 Dress Code – Non-Clinical Staff working in non-clinical Areas](#) in addition to this document*.
- All uniformed staff who work or are expected to work within a clinical area must comply with the [Attachment 3 Dress Code – Uniformed Staff Working in Clinical Areas](#) in addition to this document*.
- *With regards to allowance of uniforms in respect to these roles, an assessment by management will take place based on the area the individual is working in and the duties they are undertaking.
- Uniformed non-clinical staff must also comply with local regulatory and good practice requirements and guidelines according to the area of work. These will reflect the individual environment and materials handled in accordance with local health and safety policies.

3.2 Estates and Facilities/Hotel Services Staff

3.2.1 Some staff within this Division also have specific clothing requirements in addition to those outlined above based upon the need for:

- Personal Safety
- Hygiene
- Statutory Regulatory Requirement
- Work Environment (including outside working)

- Infection Prevention
- Catering.

Line managers must provide additional guidance to staff where these are required. Particular requirements for Catering and CSSD are outlined below.

Catering

- 3.2.2 The Trust is committed to ensuring the highest standards of food safety and hygiene in the provision of food to patients, staff and customers.
- 3.2.3 All catering staff must wear appropriate uniform and are responsible for complying with local guidelines in accordance with the Food Hygiene Regulations.
- 3.2.4 Regulation (EC) 852/2004 by law requires that every person working in a food handling area must maintain a high degree of personal cleanliness, wear suitable clothing and, where necessary, protective clothing. The 'Bare Below the Elbows' code as outlined in section 2.3 of the main policy document HR22 applies to all staff within the area, with the exception of staff working in the refrigeration section of the CPU (Catering Production Unit) who must wear appropriate protective clothing.
- 3.2.5 This section of the procedure applies to all staff working in areas where handling, storage, preparation and delivery of food are carried out on Trust premises. The exception to this is designated eating and drinking areas.
- a) Staff working or entering the kitchen or area where open or uncovered food is handled must wear the appropriate protective clothing which includes headwear, and, where required, protective shoes. This includes temporary, agency, maintenance and contractual staff.
 - b) Headwear which completely encloses the hair must be worn. Persons with little or no hair must also wear protective head covering in areas where open or uncovered food is handled.
 - c) No watches or jewellery are permitted in any food handling, preparation, or storage areas. The exception to the above is a plain wedding band which must not contain inserts, stones or jewels. Facial or visible body and tongue piercing are not permitted and must be removed before coming on duty.
 - f) Fingernails must be kept short and clean; nail varnish (including clear nail varnish), nail jewels, false nails or eyelashes must not be worn.
 - g) Eating and drinking in food handling areas including the stores is strictly forbidden. Food and drink for personal consumption must not be bought into the kitchen or food storage areas.
 - h) Strong perfume and after shave must not be worn in food preparation, storage and handling areas.
 - i) Hands must be washed thoroughly and regularly at the wash hand stations provided with warm water and soap:
 - On entering the kitchen;
 - Before starting work;
 - After handling any raw meat, poultry, fish or vegetables;
 - Before handling any food;
 - After each break;
 - After using the toilet;
 - After handling any rubbish;

- After coughing, sneezing or blowing the nose.
- j) Clean blue disposable gloves can be worn whilst handling food, but hands must be washed and alcohol gel applied before they are put on.
- k) Gloves must be changed and hands washed after handling raw meat, poultry, fish or vegetables and after handling rubbish before any food handling activity. Gloves must be removed and suitably disposed of before leaving food handling areas.
- l) Staff must report to the supervisor or manager if they have had any skin, nose, stomach or bowel problems, or an infected wound before starting work. All cuts and grazes on exposed skin must be covered with a waterproof blue plaster. If necessary, in addition to the plaster, a waterproof blue finger stall must be worn.
- m) Personal medicines e.g. tablets, lotions, liquids etc. must not be brought into food handling areas unless it is essential for reasons of personal safety that they are kept on the person in which case the manager or supervisor must be advised of and approve their presence.

CSSD

- 3.2.6 The guidelines relating to uniform in a clean room environment must be adhered to at all times and the CSSD Manager will ensure staff are trained and aware of their responsibilities. In general the guidelines relating to theatre staff in [Attachment 3 – Uniformed Staff Working in Clinical Areas](#), also apply to CSSD staff working in sterile areas.

3.3 **Smoking and Vaping**

If staff members choose to smoke or vape, they must ensure that their uniform is covered up to ensure the smell of smoke does not cause offence ([see HS32](#)).

3.4 **Uniform Replacement Criteria**

- 3.4.1 Group Managers, Matrons and Heads of Department will initiate a system for replacement of uniforms when they are damaged, worn or no longer fit. Where appropriate in the first instance consideration must be given to utilising the Trust's Sewing Room to make necessary alterations in line with this policy and repairs, where this is cost efficient.
- 3.4.2 In cases where negligence is proven, the individual member of staff will replace the uniform or protective clothing at their own expense, whilst taking advantage of the Trust discounts from suppliers.
- 3.4.3 Uniforms and protective clothing and other items issued by the Trust remain the property of the Trust and must be returned to the Trust on termination of employment.
- 3.4.4 General Managers, Matrons and Heads of Departments are to ensure that systems are implemented within their respective areas of responsibility to monitor and control items issued by the Trust.
- 3.4.5 Uniforms and protective clothing items are not automatically considered for re-issue after being handed in by staff, however, there are occasions when uniforms etc. are almost brand new and may therefore be considered for re-issue. The Laundry will

subject to the normal condemning procedure operate items not considered for re-issue. It is essential, therefore, that all uniforms and protective clothing are collected after termination of employment or when being replaced under the normal 'wear and tear' criteria are returned to the Sewing Room for processing.

3.5 **Additional Information**

Protective Clothing and Footwear

3.5.1 A number of clinical and non-clinical staff groups are required to wear protective clothing and footwear as part of their individual role, and these are provided by the Trust as required. The principles are based upon the need for:

- Patient Safety
- Personal Safety
- Statutory Regulatory Requirements
- Work Environment
- Health and Safety Requirements
- Infection Prevention
- Food Hygiene.

The provision of personal protective equipment is the responsibility of the Trust. Each manager must ensure that personal protective clothing, footwear and equipment is available to the employee in accordance with Health and Safety regulations and local/statutory recommendations.

3.5.2 Staff in roles that require such clothing and footwear are required to wear them whilst carrying out their duties. If individuals are unsure about such requirement they must discuss this with their manager.

4.0 **Equipment Required**

N/A

5.0 **Training**

As detailed within the main policy document, HR22.

6.0 **References**

As detailed within the main policy document, HR22.

Dress Code – ID Badge Procedure

1.0 Procedure Statement

- 1.1 The purpose of this procedure is to promote security, safety and patient confidence in the service by ensuring that all employees are identified. An identification (ID) badge will also enable staff to identify colleagues, enhancing safety and security.
- 1.2 This procedure applies to all employees of The Royal Wolverhampton NHS Trust and applies to the ID badge, SafeHands badge and any other badges issued to employees, volunteers or bank employees of the Trust.
- 1.3 This procedure must be read in conjunction with the main policy document, HR22. It is recommended that the Trust [OP26 Security Policy](#) is also read alongside this procedure.

2.0 Accountabilities

Accountabilities are as detailed within the main policy document, HR22 with the following additions.

- 2.1 It is the responsibility of the line manager to ensure that:
 - Each member of staff is in possession of a photo ID badge, a SafeHands badge (if based on New Cross site and has clinical patient contact) and any other badges issued by the Trust as appropriate;
 - All staff wear the Trust ID, SafeHands badge and any other badges issued by the Trust at all times whilst on duty unless this is not possible for safety reasons, i.e. working with moving machinery;
 - To collect the ID badge, SafeHands badge and any other badges issued by the Trust from the member of staff upon termination of employment.
- 2.2 It is the responsibility of each member of staff to:
 - Ensure that ID badges and any other badges issued by the Trust are worn and visible at all times whilst on duty unless this is not possible for safety reasons;
 - SafeHands badges should be worn at all times whilst on duty in the landscape orientation at the appropriate height to ensure activation of sensors;
 - Report loss or damages of badges to their line manager;
 - Not lend their photo ID badge, SafeHands badge or any other badges issued by the Trust to another party;
 - Where it is safe and appropriate, Staff are required to challenge anyone not wearing an ID badge in any staff only area;
 - Hand in their ID badge, SafeHands badge and any other badges issued by the Trust upon leaving the organisation. Failure to do so may result in charges for unrecovered Trust property.

3.0 Procedure Detail / Actions

The information below outlines the process for the issuing of ID badges for new starters and staff requiring replacement badges.

3.1 **New Starters**

All new starters will be issued with a Trust ID badge. The issue of SafeHands badges and Community ID Tokens is dependent on the type and location of work. All relevant badges will be issued to staff upon commencement with the Trust.

Staff attending Trust Induction on their first day of employment

- Staff will be issued with a Trust ID badge and SafeHands badge (if appropriate) as part of their attendance at Trust Induction.
- Community employees will be issued with an application form for a community ID token during induction. This must be completed and handed in to the WMI reception and the token will be issued on day two.

Staff commencing in post prior to their attendance at Trust Induction

- Trust ID badge – issued by the Trust’s Medical Illustration Department.
- SafeHands badge – collected from the System Support Services Team (see SafeHands intranet page for further instructions). Community based staff will not ordinarily be issued with SafeHands badges.
- Community ID Token – issued by the Trust Security Management Team. Staff must email rwh-tr.communityaccesscards@nhs.net with a completed application form for a Community ID token to be issued. The application form can be found within [Appendix 1](#).

3.2 **Replacement: Change of Name**

Any member of staff who changes their name must ensure that their photo Trust ID badge and any other badges issued by the Trust are updated.

- Trust ID badge - can be changed by attending the Trust’s Medical Illustration Department. Proof of the name change will be required, i.e. marriage certificate or other legal documentation.
- SafeHands badge – advise the System Support Services Team (see SafeHands intranet page for further instructions).
- Community ID Token – advise the Trust Security Management Team via rwh-tr.communityaccesscards@nhs.net

3.3 **Replacement: Lost or Stolen**

Staff must undertake the following tasks in circumstances where they believe their badge to have been lost or stolen:

- Report to their line manager;
- Complete an Incident Report Form (investigation into how it was lost or misplaced may be deemed necessary);
- For Trust ID badges/Community tokens, advise security as soon as possible so that access can be restricted;
- Arrange for a replacement badge to be issued (see below).

Replacement badges can be obtained as follows:

- Trust ID badge – issued by the Trust’s Medical Illustration Department;
- SafeHands badge – issued by the IT Department (see SafeHands intranet page for further instructions);

- Community ID Token – staff must email rwh-tr.communityaccesscards@nhs.net with a completed application form for a Community ID token to be issued. The application form can be found within [Appendix 1](#);

The Trust will make a charge to the employee for the replacement of any lost ID or SafeHands badge. Charges are currently £5.00 for ID badge and Community ID Tokens and £8 for a SafeHands badge. Charges are subject to change.

3.4 **Non Trust Employee Badge Issues**

A number of staff carry out work on behalf of the Trust but are not direct Trust employees; they may be volunteers or bank employees. Arrangements must be made for ID badges to be issued with the appropriate identification on them.

4.0 **Equipment Required**

N/A

5.0 **Training**

As detailed within the main policy document, HR22.

6.0 **References**

As detailed within the main policy document, HR22.

APPLICATION FORM FOR A COMMUNITY TRUST ID TOKEN

All applications for a Community based Identification Token must take place whilst on Trust induction. Please ensure you fill out this form on day one of Trust Induction. It must be handed into the main reception desk before the end of lunch. All information must be clear and legible. You **MUST** sign this form otherwise the production of the token **WILL** be refused. Lost ID tokens will be charged at the rate of £5.00 per token.

SECTION ONE – Applicant to Complete		Token Number (To be completed by Person Issuing)	
Type of Request:-	New Issue		Lost/Stolen
Name/Job Title			Contact Number
Department/Company			
Access Required (Sites)			
Start Date (if new)			
Signature			Date



SECTION Two – ID Badge Activation Details (to be completed by security management)			
Name of Person			
Site(s) Access Required			
Area(s)/Zone(s)			
Authorisation Manager	Name	Signature	Date