

## An Organisation-Wide Policy for Dress Code and Uniform Policy

Status (Draft/ Ratified):	Ratified
Date ratified:	October 2013
Version:	8.2
Ratifying Board:	Management Board for Quality and Risk
Approved Sponsor Group:	Infection Control
Type of Procedural Document	Policy
Owner:	Fiona Allsop
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Equality Analysis completion date:	October 2013
Date issue:	October 2013
Review date:	October 2016
Replaces:	8.1
Unique Document Number:	0666

## **Equality statement**

This document demonstrates commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals and communities. This document is available in different languages and formats upon request to the Trust Procedural Documents Coordinator and the Equality and Diversity Lead.

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## 1 Rationale

A smart, professional image must be maintained at all times by all staff working within Surrey and Sussex Healthcare NHS Trust given the knowledge that the professional image presented by staff significantly contributes to the way in which they are regarded by colleagues, patients and the public (RCN 2013). Staff must ensure that clothes worn adhere to infection control and health and safety policies, are well maintained and promote public trust and confidence.

This policy sets out the expectations of the Trust in relation to corporate dress code and the wearing of Trust uniforms.

The policy draws on the Department of Health guidance, *Uniforms and Work wear*; an evidence base for developing local policy (revised in March 2010) and the Royal College of Nursing Guidance on uniforms and work wear (RCN 2013).

In 2007, the Department of Health originally published the guidance document: *Uniforms and work wear: An evidence base for developing local policy*. It particularly focuses on how staff should be dressed during direct patient care activity.

Since its publication, the guidance has been widely adopted throughout the NHS. It has been used to support the specific requirements of the Health and Social Care Act 2008 Code of Practice relating to uniform and work wear policies, and the need to ensure that they support effective hand hygiene.

## 2 Scope

The policy applies to all staff, including those with honorary contracts, agency workers, students and other NHS staff including ambulance teams, when working on Trust premises.

The Trust considers 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 Trust recognises the diversity of cultures, religions and disabilities of its employees and will take a sensitive approach when this affects dress and uniform requirements. However, priority must be given to infection control, health and safety and security considerations.

The Dress Code and Uniform Policy is necessary in order to:

- Project a professional image to encourage public trust and confidence
- Support mandatory Infection Prevention & Control and Health & Safety legislation.
- Ensure all staff are familiar with current evidence available on wearing of suitable dress or uniforms.
- Promote mobility and comfort of the wearer.
- Allow identification for security and communication purposes.

### **3 Principles of the Dress Code (ALL staff)**

In order to promote a professional image Surrey and Sussex Healthcare NHS Trust requires that all staff achieve certain standards of appearance. Clinical and catering staff are required to achieve additional standards in order to reduce the risks of staff or patients being harmed, and to improve and assist cleanliness.

Compliance with Bare Below Elbow is required in all clinical areas at all times by all staff e.g. even if not delivering direct patient care and just visiting the ward.

A summary of the application of this Dress Code/Uniform Policy in relation to staff groups is set out in the table below:

Staff Group	Staff	Dress	Purpose
Clinical	Doctors, nurses, midwives, health professionals and other healthcare workers visiting wards, giving patient care or in physical contact with patients in a clinical area	NO jackets/White Coats NO ties NO shirt or other sleeves below the elbow NO wristwatches or wrist jewellery Only plain wedding band NO false nails/nail varnish NO neck or ankle chains Theatre Scrubs and Non-Theatre Clinical Areas Scrubs are to be worn on site <b>ONLY</b> and <b>MUST NOT</b> be taken off site Light Blue Scrubs to be worn in operating theatres and XRay <b>ONLY</b> and <b>NOT</b> in restaurant or refreshment areas, shops etc.	To allow effective hand hygiene and reduce the risk of cross infection           To promote public confidence
Non-clinical working in/regularly visiting clinical areas	Staff in contact with patients and/or members of the public e.g. reception staff, admission staff, ward clerks and medical secretaries	Smart, clean, tidy, of modest appearance and as above if in a clinical area.  Compliance with "bare below the elbows" required at all times	To promote public confidence and allow effective hand hygiene
Non-clinical	Staff not in contact with patients and/or members of the public e.g. finance	Smart, clean, tidy, of modest appearance	To promote public confidence

### 3.1 Acceptable/Unacceptable dress

The Dress Code and Uniform policy is designed to guide managers and employees on the Trust standards of dress and appearance. The Policy is not exhaustive in defining acceptable and unacceptable standards of dress and appearance and staff should use common sense in adhering to the principles underpinning the policy. A sensible approach should be taken to ensure the spirit of the code is applied.

For non-clinical staff and those not required to wear a uniform the following items of clothing are examples of acceptable and unacceptable dress, either on the grounds of Health and Safety or for the Trusts public image:

Acceptable	Unacceptable
Business Suits	Denim jeans or denim skirts (all colours and styles)
Skirts	Skirts that are so long that they touch the ground when walking are not acceptable on safety and hygiene grounds  Micro/Mini Skirts
Trousers	Combat trousers, Leggings, Track-suits, sportswear
Shirts/Blouses	Underwear should not be visible (avoid low slung trousers and sheer blouses)
Smart t-shirts and tops	Overly tight or revealing clothes (including mini-skirts, tops revealing the midriff) Clothing bearing inappropriate or offensive slogans, strapless tops
Smart jumpers and sweatshirts	
Jackets and blazers	High fashion clothing incorporating, rips or tears or excessive studding
Dresses	Baseball caps/hats
Footwear – sensible and safety compliant	Flip Flops, fashion clogs/clogs with holes in

### 3.2 Footwear

Footwear must be safe, maintained in good order, with a sole that provides suitable grip and made of material that is easily cleanable.

Staff should have regard for the nature of the work they are undertaking, giving consideration to:

- Degree and nature of manual handling activities undertaken
- The frequency of movement around the Trust
- Frequency and use of step ladders/kick stools or similar
- Interaction/use of wheeled equipment
- Prevalent type of flooring in the area worked
- Likelihood of encountering wet flooring
- Use of sharps and exposure to body fluids

This list is not exhaustive and there may well be other health and safety issues to consider particular to the individual, their role or environment.

**Clinical Staff** working at night should ensure that their shoes have soles that minimise the disruption of patients at this time, for example soft-soled such as crepe or rubber.

They must enclose the whole foot, open toe shoes and sandals are not permitted as they provide no protection from injury.

Shoes must be black and made of a wipe able material, therefore trainers and suede shoes are not acceptable as they cannot be effectively cleaned.

Clogs (other than in theatre) and clog style shoes or unsafe heels i.e. more than 1 inch/2.5cms must not be worn on.

**Catering/Estates and Facilities** staff should follow the guidance above for clinical staff. Where protective shoes are required such as steel toed caps, these will be provided by the Trust following a role specific assessment.

**Admin and Clerical staff** should ensure their footwear is suitable for the activities they undertake and the environments they work in. Any footwear worn should adhere to the underlying principles of this policy.

### **3.3 Identification**

A visible photo identity name badge should be clearly displayed at all times.

Staff may wear the "snap release" neck ribbons/lanyards however these must be cleaned regularly with consideration being given to removing them when delivering direct clinical care.

### **3.4 General presentation and appearance**

Clothes neat, tidy and freshly laundered e.g. free from obvious dirt and stains.

Hair should be clean, neat and tidy. Long hair should be tied back when working in a clinical setting and not require frequent re-adjustment.

The wearing of items arising from cultural or religious norms is in most circumstances welcomed by the Trust, providing that the health and safety, infection prevention, and security of patients or staff are not compromised.

Staff who wear full facial coverings 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.

Hijabs and Jilabs 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 or nikab) and headscarves are supported on religious grounds. The latter should be shoulder length and must be worn unadorned, and secured neatly

Nails must be clean and well manicured. For clinical staff nails must be short and unvarnished. Artificial nails of any sort must not be worn in clinical areas.

Make-up, if worn, should be minimal/unobtrusive. The use of deodorants should be used to assist an acceptable standard of personal hygiene, but these, perfumes and aftershaves should not be overpowering.

Where present, visible tattoos should not be offensive to others. Where they may be deemed to be offensive, they should be appropriately covered.

### **3.5 Jewellery**

Jewellery should be discreet, appropriate, not cause offence or be a health and safety hazard.

Clinical Staff must not wear items of jewellery other than:

- one pair of stud earrings (no hoop earrings)
- plain wedding band

Necklaces must not be worn unless covered by clothing.

Exceptions may be made for medical alert bracelets.

No visible body piercings or tongue studs.

Badges should be limited to 3 professional badges only as they have the potential to cause injury. Special care should be taken where staff are required to regularly handle babies and infants and/or undertake manual handling or close contact.

### **3.6 Protective clothing**

The provision of Personal Protective Equipment (PPE) is the responsibility of Surrey & Sussex NHS Trust. Each manager must ensure that personal protective clothing and equipment is available to the employee in accordance with Control of Substances Hazardous to Health (COSHH) Regulations and local /statutory recommendations, & that their staff are aware of these requirements.

Staff in roles that require protective clothing are required to wear this whilst carrying out their duties in accordance with health & safety requirements. If individuals are unsure about such requirements they should discuss this with their manager.

The use of PPE (such as plastic aprons) must be based on risk assessment.

### **3.7 Wearing Uniform out of work**

All staff are encouraged to change their uniform before going off duty, if this is not possible staff are permitted to wear their uniform off site as long as it is **fully** covered by a coat or outwear.

Staff should not wear their uniform other than at work or going to and from work as this creates a poor public impression. (The general public perceives this as unhygienic). In particular they should not wear their uniform:

- To shops/supermarkets
- In restaurants
- Whilst smoking (unless off site, either during a designated break or before or after work and the uniform is covered)

Staff attending occasions outside of the hospital and wishing to wear uniform as a representative of the hospital must have the authority from their manager.

Staff should expect to be challenged by managers, members of the public and other staff if they do not adhere to the above.

### **3.8 Laundering Uniform**

The Trust does not provide a routine laundry service. Guidance on laundering will be issued with the uniforms.

Staff should wear a freshly laundered uniform every day and the uniform should be worn in a clean and presentable fashion. Sufficient Uniforms will be provided to staff to ensure this can be achieved.

Uniforms should be washed at the hottest temperature suitable to the fabric. National guidance recommends washing at 60°C for ten minutes (where washing instructions allow) and be washed separate from general household laundry. Uniforms soiled with body fluids e.g. blood must be changed immediately.

All staff wearing scrubs should change the scrubs daily or when visibly soiled by blood or body fluids and return used scrubs to the designated areas for collection by the hospital laundry agent for cleaning.

Under no circumstances should light blue or burgundy scrubs be taken off site by the wearer for home laundering.

### **3.9 Supply of Uniform**

Full time nurses will be issued with either 4 dresses or 4 tunics and 4 pairs of trousers (or a combination). Part time staff will have up to 3 tunics/dresses and 3 pairs of trousers. Bank staff will have 2 dresses or 2 tunics and 2 pairs of trousers.

Radiographers, Occupational Therapists and Physiotherapists will be issued with 4 sets of uniforms, with a choice of tunic/trousers, polo shirts or dresses, or a combination.

Therapy staff employed by the Clinical Commissioning Groups will adhere to their own policies. If they are working in clinical settings at Surrey and Sussex Healthcare NHS Trust they must adhere to this policy.

Scrubs will be available in the appropriate colour depending on area of working either by:

- a. collection at designated areas or
- b. will be issued with maximum sets as prescribed by the manager.

The uniforms issued must not be added to by the individual. Staff are expected to do their own alterations.

Maternity clothing will be provided.

On leaving the Trust's employment staff must ensure that all uniforms are returned to their line manager on the last day of service.

## **4 Staff wearing Scrubs**

### **4.1 Light Blue Scrubs (staff within Operating Theatres, Endoscopy Suites, Angio Suites, X-ray Suites)**

Light Blue Theatre Scrubs will be worn by staff working in treatment areas requiring a ventilated environment for the procedures carried out within them (i.e. the Operating Theatres, Endoscopy Suites, Angio Suites, X-ray Suites). For the purpose of this policy, these areas will be referred to as "theatres").

Light Blue scrubs are for theatres personnel **only**. These should not be worn or taken outside to areas other than theatres: the only exceptions being:

- When attending a clinical emergency
- When accompanying a patient to another clinical area, a cover gown must be worn

Staff wearing scrubs who attend emergencies outside the Theatre complex must change into a clean pair of scrubs on returning to theatre. This reflects aesthetic and discipline requirements.

Personnel will be refused access or service if wearing theatre blues in any public area of the Trust where consumables can be bought, e.g. shops and restaurants.

#### **4.2 Burgundy Scrubs (Non Theatre Scrubs within clinical areas)**

Burgundy and Dark Blue scrubs may be worn in wards/departments and other clinical areas not defined as 'theatres' as above. These areas will include Delivery Suites, HSDU, ICU, Recovery areas etc. For the purpose of this policy, these areas will be referred to as 'non theatres clinical areas'

Burgundy and Dark Blue scrubs may be worn outside the clinical areas.

#### **4.3 Dark Blue Scrubs (Critical Care Outreach Team)**

The Critical Care Outreach Team wear Dark Blue Scrubs which may be worn in wards/ departments and other clinical areas not defined as Theatres as in 5.6.1.

Critical Care Outreach Staff will be issued with Dark Blue scrubs (tops and trousers) for use in clinical areas. These scrubs will be purchased by the Trust and given to the staff to keep during their employment. Staff are responsible for the washing and cleaning of the scrubs, which must be done at a minimum temperature of 60° C

#### **4.4 Green Scrubs (ED Medical Staff)**

Medical staff in A&E will comply with the standards set out in both professional codes for the wearing of Trust uniform and non-uniforms and the DOH 'bare from the elbow down' requirements.

ED Junior Doctors will work in their own clothes and adhere to this policy when doing so.

ED Consultants will wear black scrubs and Registrars emerald green. These scrubs have the SaSH logo and staff grade embroidered on them.

Medical staff must use 'maximal sterile barrier precautions' i.e. head cap, face mask, sterile body gown sterile gloves and full size sterile drape (Loveday et al 2014) for insertion of high risk invasive devices, such as central lines. If this is carried out in Theatres then medical staff must change into scrubs

#### **4.5 Red Scrubs (Deep Clean Team)**

The Deep Clean Team wear Red Scrubs which may be worn in wards/ departments and other clinical areas not defined as Theatres and must be changed daily as a minimum.

## **4.6 Theatre Dress Code**

Staff must wear well-fitted dedicated operating theatre footwear from the recommended brochure; trainers can be worn but must be white. They must be covered, wipe-able and washed in a machine regularly.

Theatre shoes for theatre personnel should be provided by the Trust at all sites, wherever the person works so they are not carrying shoes across sites. This should be for all personnel here for >3 months.

For locums/ short term staff there needs to be a supply of cleaned or clean or new shoes for them which are available at all times during the day or night. These must be cleaned/ decontaminated on a regular basis, particularly when visibly dirty or when contaminated with blood or body fluids.

Each theatre suite manager should ensure that local procedures are in place for these procedures to take place.

Within the operating theatre, hair must be entirely covered with a clean, disposable hat, which should be changed at least daily, or on leaving the theatre suite. Hats should be changed if they become contaminated with blood or body fluids.

It is recommended that beards are covered with a hood.

The scrub team must wear masks, and every individual in the operating theatre should wear a mask when prostheses/implantation surgery is being performed, or if the patient is immunosuppressed.

Hats and masks must be removed when leaving the theatre or other clinical department.

Masks should be removed and disposed of at the end of each case, in the theatre, as they are single use items. Masks should not be worn hanging around the neck.

Protective eyewear with visors, appropriate aprons and gloves must be readily available in every theatre suite and used as per standard precautions.

Theatre staff will ensure all visitors to the operating theatre suite wear appropriate protective clothing. Any visitor entering an operating room where a procedure is taking place must change into scrubs and suitable footwear.

## **5 Responsibilities**

### **Duties**

#### **Managers**

Managers are responsible for ensuring the Dress Code and Uniform Policy is adhered to at all times in respect of the employees they manage.

Where appropriate they should develop a local dress code, in consultation with local staff that reflects the principles of this policy and ensure this is available to local staff. It is acknowledged that on occasion it may not be deemed appropriate for staff not to wear a uniform however it is essential that when this situation occurs healthcare workers clothing still meets certain essential requirements (RCN 2013).

They must ensure Policy/dress codes are communicated at local induction and are readily accessible to all members of staff.

Address any non-compliance of Dress Code in line with the Trust's disciplinary procedures.

### **All staff**

Employees are responsible for following the standards of uniform/dress and appearance laid down in this policy and should understand how this policy relates to their working environment, health and safety, infection control, particular roles and duties and contact with others during the course of their employment.

### **Failure to adhere to the Trusts standards of dress and appearance may constitute misconduct and result in formal disciplinary proceedings.**

All employees are supplied with a Trust identity security badge that must be worn and visible at all times when on duty or acting in an official capacity representing the Trust. In addition to this staff must display their name badge at all times.

Staff must ensure that where uniforms are provided, they are clean, in good condition and worn in full. Uniforms must be durable enough to withstand decontamination (laundering).

Staff must take reasonable care of uniforms provided and they should only be worn when on duty or undertaking Trust business.

Staff must bring to the attention of the appropriate line manager any defect in a uniform in order that it may be changed/repared.

Non-uniformed staff should wear appropriate clothing, bearing in mind the type of work undertaken and any health and safety requirement.

## **6 Compliance Monitoring arrangements**

### **Monitoring policy implementation**

This policy will be reviewed in line with the Trust Policy on Management and Development of Procedural Documents; the standard length of time for review is three years.

However, changes within the organisation affecting this process, together with any changes in legislation or the requirements of external regulators /accreditation organisations may prompt the need for revision before the three year natural expiry date.

### **Monitoring approval, amendments and document control**

Staff compliance with this policy will be measured by:

- Spot checks of dress, accessories and uniform compliance using the agreed (Appendix 5)
- Dress Code/Uniform Audit Tool (Appendix 2/3).

## **7 Training to ensure compliance with this policy**

The Trust process for dissemination of policies will be followed as described in the Organisation Wide Policy for the Management and Development of Procedural Documents.



## 10 Document Control

### Consultation record

Relevant service	Speciality, Sponsor or User Group name	Individual's name	Job title	Date consulted	Date feedback received
Pharmacy					
Radiology					
Cancer Services					
etc					

## Change History

<b>Change history</b>			
<b>Version</b>	<b>Date</b>	<b>Author/Procedure Lead</b>	<b>Details of change</b>
1	unknown	unknown	New Policy
2	Jan 2001	Karen Belcher	Review and revision
3	Dec 2005	Irene Scott	Review and revision
4	Mar 2007	Irene Scott	Review and revision
5	Feb 2008	Irene Scott	Review and revision
6	Jul 2008	Karen Devanny	Review and revision
7	Oct 2010	Mary Sexton, Chief Nurse	Review and revision to incorporate new DoH guidance on Uniform and Work wear (issued March 2010)
8	Oct 2011	Hamish Wallis	Review and revision to incorporate theatre scrubs and non-theatre scrubs
8.1	Apr 2012	Sally Brittain, Deputy Chief Nurse	4.2.1 Shoes must be black
8.2	Jan 2014	Sally Brittain, Deputy Chief Nurse	Review and Revision

## Appendix 1 Equality Analysis (EqA)

By completing this document in full you will have gathered evidence to ensure, documentation, service design, delivery and organisational decisions have due regard for the Equality Act 2010. This will also provide evidence to support the Public Sector Equality Duty relating to: Eliminating discrimination, Promoting equal opportunities & Promoting good community relations

<b>Name of the policy / function / service development being assessed</b>	<b>Dress Code and Uniform Policy</b>	
<b>Date last reviewed or created &amp; version number</b>	Reviewed October 2013, V 8.2	
<b>Briefly describe its aims and objectives:</b>	<p>The Dress Code and Uniform Policy is necessary in order to:</p> <ul style="list-style-type: none"> <li>Project a professional image to encourage public trust and confidence</li> <li>Support mandatory Infection Prevention &amp; Control and Health &amp; Safety legislation</li> <li>Ensure all staff are familiar with current evidence available on wearing of suitable dress or uniforms.</li> <li>Promote mobility and comfort of the wearer.</li> <li>Allow identification for security and communication purposes.</li> </ul>	
<b>Directorate lead</b>	Sally Brittain, Deputy Chief Nurse	
<b>Target audience (including staff or patients affected)</b>	The policy applies to <u>all staff</u> , including those with honorary contracts, agency workers, students and other NHS staff including ambulance teams, when working on Trust premises.	
<b>Screening completed by (please include everyone's name)</b>	<b>Organisation</b>	<b>Date</b>
Sally Knight	SaSH	8/10/13
Sally Brittain	SaSH	8/10/13

<b>Equality Group (Or protected characteristic)</b>	<b>What evidence has been used for this assessment?</b>	<b>What engagement and consultation has been used</b>	<b>Identify positive and negative impacts</b>	<b>How are you going to address issues identified?</b>	<b>Lead and Timeframe</b>
<b>Age</b>	Workforce data	Equality Impact assessment on previous versions of this policy. Consultation with BME staff network, HR business partners, unions and staff.			
<b>Disability</b>	Workforce data, staff survey data.		Potential for negative impact on disabled staff if their disability makes it difficult to comply with the policy e.g. wearing wrist splints	Amendment to policy that part of the managers duty is to make reasonable adjustments so that staff can comply with the policy	Sally Brittain End October 2013
<b>Gender reassignment</b>	No workforce data available		Potential for negative impact on staff whilst transitioning	Transgender staff should be permitted to wear the uniform appropriate to their chosen sex.	Sally Brittain End October 2013
<b>Marriage &amp; Civil partnership</b>	Workforce data				
<b>Pregnancy &amp; maternity</b>	Workforce data				
<b>Race</b>					
<b>Religion &amp; Belief</b>			Potential for negative impact for staff to be bear below the elbow in clinical areas	Local agreements may be made with staff whilst maintaining the requirements for infection control and health and safety.	Sally Brittain End October 2013
<b>Sex</b>					
<b>Sexual orientation</b>					
<b>Carers</b>	No workforce data				

**Appendix 2:**

**Uniform Audit**

Date: ...../...../.....

..... Ward

Replies should be **yes** (y or ✓) **no** (n or ✗) or **n/a**

		1	2	3	4	5	Comments
Uniform is	a dress						
	a tunic & trousers						
	clean ( <i>no visible soiling</i> )						
	in a good state of repair						
	appropriate ( <i>i.e. no tracksuit trousers, etc</i> )						
Cardigan or sweater or fleece	is not worn during clinical care						
	Staff adhere to cardigans not worn during clinical care policy						
	if worn during break is black or navy						
Footwear is	black						
	flat						
	toes enclosed						
Tights or socks	black * tights not required in summer						
Hair is	neat and tidy						
	arranged off the collar						
Nails	nail varnish not worn						
	staff adhere to no nail varnish policy						
	false nails are not worn						
	staff adhere to no false nails policy						
Watches	wrist watch is not worn						
Jewellery	maximum one pair stud earrings						
	maximum one wedding ring						
	necklace is covered by clothing						
	maximum of three professional badges						
I.D. Badge is clearly	visible						
	legible						
Tattoos	no offensive tattoos						
	staff adhere to no offensive tattoos policy						

**Appendix 3:**

**CLINICAL AUDIT ACTION PLAN**

**Project Title:** Uniform Policy Audit      **Ward:** .....

	<b>Suggested Action</b>	<b>'Implement by' Date</b>	<b>Staff Member Responsible</b>	<b>Manager Responsible</b>	<b>Change Stage Key</b> (see notes)
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					

<b><u>Change Stage Key:</u></b>	<b>1:</b> Recommended	<b>5:</b> Made - partial implementation
	<b>2:</b> Under investigation	<b>6:</b> Full implementation completed
	<b>3:</b> Agreed, but not yet actioned	<b>7:</b> Never actioned (please provide reason why)
	<b>4:</b> Action in progress	

	<b><u>Signature</u></b>	<b><u>Name (PRINTED)</u></b>	<b><u>Date</u></b>
<b>Ward Manager</b>	.....	.....	
<b>Directorate Matron</b>	.....	.....	

#### Appendix 4: Staff Uniform Identifier

Staff Group/Grade	Dress/Tunic	Trimming
Healthcare Assistant	Lavender and white stripe dress/tunic Navy Trouser	
Healthcare Assistant (male)	White tunic with lavender epaulettes Navy Trouser	
Ward Clerk	Plain Lavender Dress/Tunic Black trousers	
Staff Nurse	Blue and white Stripe dress/tunic Navy trouser	
Male Staff Nurse	White Tunic with blue epaulettes Navy Trouser	
Sister	Plain Navy Dress/Tunic Navy Trouser	White
Senior Sister/Senior Charge Nurse	Navy Dress with White Dots Navy Trousers	
Senior Nurses/Chief Nurse/DCN/Divisional Chief Nurses	Grey Dress/Tunic	Red
Specialist Nurse	Plain Navy Dress/Tunic Navy Trouser	Eau-de-nil (pale blue/green)
Nursery Nurse	Plain Pink Dress/Tunic Navy Trouser	White
Charge Nurse	White tunic with black epaulettes Navy trouser	
Midwives	Plain navy dress/tunic Navy trouser	Cerise (pink)
Home Birth Team (Midwives)	Navy Polo Shirts/Navy Trousers	
Matron	Purple Dress or Purple Tunic with black trousers	White
Car park Attendants/ Drivers	Black Polo Shirt Black Fleece/Jackets + High Visibility Vests Black Trouser	
Porters/Post Room	Grey Shirt Grey Sweatshirt (rolled up to above elbow) Black trouser	
Housekeeping	Black Dress/tunic Black trousers	White
Domestics	Plain Aqua Dress/Tunic Grey Trouser	White

Theatre Staff	Light Blue Scrubs	
Non Theatre Clinical Areas Staff	Burgundy Scrubs	
Critical Care Outreach Nurse	Dark Blue Scrubs	
ED Doctors	Own clothes	
ED Consultants	Black Scrubs	
ED Registrars	Emerald Green Scrubs	
Deep Clean Team	Red Scrubs	
Radiographers	Maroon	White
Catering	Whites	
Occupational Therapy	White Tunic Green Trousers	
Physiotherapy	White or Blue Tunic Polo shirts (occasionally, in Summer) Navy blue Trousers	
Catering - Chef	Whites Check Trousers	

## Appendix 5: General Presentation and Appearance - Quick Reference Guide

### Bare Below Elbow

Description	Do's and Don'ts
Uniform/General Work Wear	Clothes neat, tidy and freshly laundered e.g. free from obvious dirt, stains & odours.
Badges	Maximum of 3 professional badges
Beards	Short, neatly trimmed or tidily secured
Belts	Buckles cannot be worn when participating in direct patient care.
Cardigans/Jumpers/Fleeces	Not to be worn when providing direct patient care in clinical areas.
Chewing Gum	Staff are not permitted to chew gum whilst on duty.
Facial/Body Piercings	Visible Nose/Tongue Studs not permitted (to be removed whilst on duty)  If a member of staff has piercing for religious or cultural reasons, they must be covered.
Facial Covers	Staff who wear facial coverings for religious reasons refer to section 4.4
Hair	Clean, neat and tidy  Long hair should be tied back, above the collar, when working in a clinical setting and not require frequent re-adjustment  Headwear worn for religious purposes are permitted
Jewellery	Jewellery should be discreet, appropriate, not cause offence or be a health and safety hazard.  Clinical Staff must not wear items of jewellery other than: <ul style="list-style-type: none"> <li>• one pair of stud earrings (no hoop earrings)</li> <li>• wedding band</li> </ul>

	Necklaces must not be worn.
Make-up	If worn, should be minimal/unobtrusive
Nails	Clean and well manicured. For clinical staff nails must be short and unvarnished. Artificial nails should not be worn in clinical areas.
Tattoos	Visible tattoos are to be discouraged and where present should not be offensive to others. Where they may be deemed to be offensive they should be appropriately covered.
Ties	Not to be worn in clinical areas.
Tights/Stockings	Black/Natural
Socks	Dark
Watches	Wrist watches must not be worn whilst delivering clinical care.

## Approval and Ratification Checklists

	<b>Sponsor Group Approval Checklist</b>  (Authors can also use this checklist to confirm that the document is ready for approval)	Policy for Procedural Documents (further information)
	<b>Administration</b>	
1	Was the document authorised at the correct level and does it avoid duplication with national guidance?	1.1, 1.3 Fig 1
2	Has the most appropriate type of document (strategy/ policy/ guideline/ SOP) been selected?	1.2, 1.4 Fig 2
3	Has the author checked with Corporate Affairs to determine whether specific NHSLA requirements relate to this document?	2.1
4	Has the correct Sponsor Group been identified?	2.2, 5.1, 5.2 Appendix B
5	Has the correct approved template been used?	3.1
6	Are the document Control pages up to date?	3.4
7	Does the version number follow the recommended format?	3.5
8	Does the version number match the details in the Change History box?	3.4, 3.5
9	Is the review date and review frequency identified on the front of the document?	6.6 Fig 5
	<b>Technical detail</b>	
10	Does the 'Rationale' and 'Scope' reflect why a local level document is necessary and how it avoids duplication of national advice?	4.2
11	Strategies: are the objective(s) and intended outcomes of the document clear and unambiguous?	4.3
12	Have all relevant sources and supporting documents been cited in full in the main text and included within 'References'?	4.6
13	Does the Sponsor Group agree that the technical content is correct and up to date?	5.1 to 5.5
	<b>Consultation</b>	
14	Have all relevant specialities, Heads of Service and Divisional groups within SASH been consulted?	5.1/ 5.2
15	Have all relevant service users and staff groups for whom the document is intended been consulted?	5.3
16	Has the incorporation of stakeholder comments been discussed by the Sponsor Group?	5.4
	<b>Monitoring and training</b>	
17	Are arrangements for monitoring clearly stated?	4.4
18	Are there measurable standards and / or KPIs appropriate and sufficient?	4.4

19	Is there an audit tool or plan within the document to review SASH compliance?	4.4
20	Does the plan include the necessary training/ support to ensure compliance?	4.4, 4.5
21	Are the required resources in place to implement the procedure and if not, is there a business plan to accompany it?	1.3, 4.1, 4.4, 4.5
<b>Preparing for approval</b>		
22	Has the final draft been proof read for technical / clinical content?	5.5
23	Has the final draft been proof read for formatting and layout?	5.5
24	Is the Content's page easy to cross-reference with the main text?	-
25	Has the final draft been subject to an equality analysis EqA? (Evidence must be prepared at the planning stage and the analysis completed prior to submission to management board for ratification).	2.5 Appendix C
26	Revised documents: has the agreed pathway for approving key changes and/ or minor amendments been followed?	6.3/ 6.4 Fig 3
27	Is the document being sent to the correct ratifying body?	6.2 Fig 4
28	Is the document due to be published in the correct location?	6.2 Fig 4
<b>Dissemination and Publication</b>		
29	Is there an outline plan to identify how this will be done and by whom?	7.1 to 7.3

<b>Management Board Ratification Checklist</b>		<b>Policy for Procedural Documents (further information)</b>
Is Management Board assured that:		
<b>Approval</b>		
1	The correct, approved Sponsor Group has approved the document as suitable for ratification?	Appendix B
2	Consultation on the document has been sufficiently wide?	5.1 to 5.3
3	The correct approval pathway has been followed?	Figures 3 and 4
<b>Content</b>		
4	The document is clear and accessible and the correct approved template has been used?	3.1, 3.2, 3.3
5	Controversial or difficult issues are (a) clearly stated and (b) suitably resolved?	4.7
<b>Monitoring and Training arrangements</b>		
6	Monitoring and training arrangements are clearly stated in the document and have been properly embedded at ward/ office level?	4.4, 4.5
7	The required resources are in place to implement the procedure? If not, has a business plan been submitted?	1.3, 4.1, 4.4, 4.5
<b>Dissemination</b>		
8	The posts that will be responsible for dissemination (and associated timescales) are clearly stated?	7.1