

POLICY NAME:	DRESS CODE (NON DESIGNATED UNIFORM)
POLICY REFERENCE:	TW10-109
VERSION NUMBER :	7
DATE THIS VERSION APPROVED:	PROFESSIONAL ADVISORY BOARD
APPROVING COMMITTEE:	November 2015
RATIFYING COMMITTEE:	PARC (Policy Approval and Ratification Committee)
DATE THIS VERSION RATIFIED:	January 2016
AUTHOR(S) (JOB TITLE)	HEAD OF NURSING, PROFESSIONAL PRACTICE
DIVISION/DIRECTORATE:	CORPORATE
TRUST WIDE POLICY (YES/NO)	YES
Links to other Strategies, Policies, SOP's, etc.	

Date(s) previous version(s) approved: (if known)	Version: 6	Date : August 2013
DATE OF NEXT REVIEW:	January 2019	
Manager responsible for review:	Deputy Director of Nursing	

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**AT ALL TIMES STAFF MUST TREAT EVERY INDIVIDUAL WITH RESPECT
AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY**

1. POLICY STATEMENT

- 1.1 This dress code is intended to ensure that the staff of Wrightington, Wigan and Leigh NHS Foundation Trust present a professional and smart appearance to both patients and public when at work. All staff employed by the Trust are ambassadors for the organisation and should recognise that appearance acts as a visual measure of how the public views the Trust. This has an impact on the reputation and also the public's confidence of the organisation.
- 1.2 In adopting this policy the Trust wishes to demonstrate its commitment to increasing public confidence and facilitating good hygiene practice.
- 1.3 The policy adheres to the principles of risk management and infection control and encompasses both cultural and religious diversity. It also reflects the feedback received from patients and their carers, by either formal or informal routes.
- 1.4 The code is based on the Health and Safety at Work Act, 1974, the Human Rights Act, 1998, Workplace (Health, Safety and Welfare) Regulations 1992, Infection Control recommendations, Hand Hygiene Guidelines and Patient Expectations as identified in feedback from patient surveys and complaints.
- 1.5 The principles within this code apply to all staff who are employed or contracted by the Trust who are not required to wear a designated uniform whilst performing their duties.
- 1.6 Employees of the Trust who breach this code may be liable to disciplinary action.
- 1.7 Individual staff groups or services may develop supplementary guidance on the specific policy for staff but this guidance must adhere to the core principles included in this code.

2. KEY PRINCIPLES:

- 2.1 This code applies to all staff that are not required to wear a designated uniform whilst undertaking work related duties. The following definitions are applied:
 - 2.1.1 Appendix 1 refers to those staff members who do not wear designated uniform and do have clinical contact with patients
 - 2.1.2 Appendix 2 refers to those members of staff who do not wear designated uniform and do not have clinical contact with patients
- 2.2 Staff members who are involved in delivering direct patient care must adhere to the relevant requirements set out in Appendix 1 of this policy.
- 2.3 Standards related to staff who are not involved in direct patient care are set out in Appendix 2 of this policy.

- 2.4 It is the responsibility of staff to abide by the policy and line managers to ensure that the dress code is adhered to. Failure by staff to comply with the code may result in disciplinary action.

3. RESPONSIBILITIES

- 3.1 Responsible Trust Director – Director of Nursing.
- 3.2 It is the responsibility of all staff to maintain a professional appearance at all times.
- 3.3 All staff are responsible for ensuring that they are familiar with, and adhere to, this policy.
- 3.4 All staff must wear a valid Trust ID Badge in a clearly visible position.
- 3.5 If a staff member does not have clinical contact with patients then they may wear a lanyard with their Trust ID badge. This lanyard must be easily removable in an emergency situation. Trust ID badges must be removed when travelling to and from work.
- 3.6 If the staff member does have clinical contact with patients then the ID badge must be secured using the clip provided. Trust ID badges must be removed when travelling to and from work.
- 3.7 Staff are responsible for ensuring that clothing worn whilst undertaking work related duties adhere to the standards set out in this policy.
- 3.8 ‘Scrubs’ may only be worn by designated specialities, and in certain circumstances, as agreed by the Local Management Team and changed for each shift.
- 3.9 The Trust recognises the religious and cultural requirements of members of staff in relation to the clothing they wear. These requirements will be handled with sensitivity, however, both infection control and risk management issues must be taken into consideration. Further advice and guidance on individual cases can be obtained from Human Resources.

4. CONTAMINATED CLOTHING

- 4.1 Under no circumstances should visibly soiled clothing be worn outside Trust premises. If clothing is accidentally soiled e.g. with blood or body fluids, it will be changed immediately. It must not be worn outside of the immediate work area for reasons of safety, infection control and public image. Scrubs can be obtained from theatres.
- 4.2 In emergency circumstances e.g. out of hours; scrubs will be supplied via the site co-ordinator

5. BARE BELOW THE ELBOWS

- 5.1 All healthcare staff must comply with “bare below the elbows” guidance when entering or working within clinical areas.
- 5.2 “Bare below the elbows” is defined by either short sleeves or long sleeves (eg shirt sleeves) rolled up, no wrist watch or jewellery (other than plain band wedding ring).

6. DRESS CODE STANDARDS

- 6.1 All staff must present a professional appearance to both patients and the public and wear clothing that is clean, tidy and appropriate to their role and the duties that they undertake.
- 6.2 The values relating to cultural and religious diversities, in relation to dress, should be remembered and due respect given to this, in particular when visiting patients in their own homes. In carrying out a clinical procedure, the principles of the dress code apply.

6.3 Guidelines for staff not involved in delivering direct patient care can be found in Appendix 2 of this policy.

6.4 Where appropriate, discussions regarding Trust dress code must take place during the recruitment process.

7. **SMOKING**

In accordance with the Trust's Smoke Free Policy, paragraph 4.4 'If employees are smoking off-duty or off site, they must also ensure that uniform, protective clothing or Trust identity badges are not visible. In addition, in the interests of hygiene and personal comfort of staff, patients and visitors, etc, employees are asked to take whatever steps are necessary to ensure that tobacco odour is NOT present on their person or clothing/uniform, so maintaining a professional image at all times.'

8. **QUERIES**

8.1 Any queries regarding this policy should be addressed to the Departmental Manager.

8.2 Any changes to dress code must be approved by the Director of Nursing & Patient Services.

9. **HUMAN RIGHTS ACT:**

Implications of the Human Rights Act have been taken into account in the formulation of the this policy and they have, where appropriate been fully reflected in its wording.

10. **EQUALITY & DIVERSITY:**

This policy has been assessed against the Equality Impact Assessment Form from the Trust's Equality Impact Assessment Guidance and as far as the author is aware, there is no impact on any Equality Target Group.

11. **MONITORING AND REVIEW:**

11.1 Line managers will be responsible for the ongoing monitoring of staff in relation to compliance with this policy.

11.2 This code will be reviewed in response to emerging national guidance or within three years of the approval date.

12. **ACCESSIBILITY STATEMENT:**

This document can be made available in a range of alternative formats e.g. large print, Braille and audiocd.

For more details, please contact the HR Department on 01942 77(3766) or email equalityanddiversity@wvl.nhs.uk

Appendix 1

APPEARANCE REQUIREMENTS FOR ALL STAFF INVOLVED IN DIRECT CLINICAL CARE / LOCATED IN CLINICAL ENVIRONMENT

All staff involved in direct clinical care must adhere to the requirements below:

REQUIREMENTS	RATIONALE
<p>1. Finger nails: Nails must be short and clean. Nail varnish is not permitted whilst on duty. The wearing of false/acrylic nails is strictly prohibited.</p>	<p>Infection control/harm to patients from long nails. Infection control, 'Evidence of Colonisation Of MRSA In False Nails' DoH, 2007 Patients Survey.</p>
<p>2. Hair: Must be clean, neat, off the face and off the collar, even as a ponytail. Only plain black or navy hair accessories should be worn. Catering staff are provided with hair nets, catering cap or hat. Staff working in Estates & Facilities must wear hard hats in certain areas Staff should be clean shaven or beards should be neat and tidy Beards should be fully covered within specialist areas (such as Theatre) that require it. False eyelashes must not be worn whilst undertaking clinical duties.</p>	<p>Potential for wound contamination from loose hair. Providing hair is clean and tidy the risk of dispersal is minimal. Health & Safety requirements</p>
<p>3. Head coverings: Turban and skull cap may be worn for religious reasons. All head garments must be clean, washed and changed daily. All head garments must be secured.</p>	<p>To minimise infection risk and ensure health and safety standards are met.</p>
<p>4. Face coverings: Face coverings/veils should not be worn when delivering patient care and the requirement to wear these should be discussed between staff and line managers</p>	<p>To aid communication with patients and minimise infection risk. To also ensure the health and safety of the employee</p>
<p>5. Piercing: Earrings: one pair of small plain metal studs only may be worn (see local policy in catering). All other visible body piercing must be covered with a blue plaster until the wound has healed. Once the wound has healed, all associated piercing jewellery must be removed. No other visible piercings are allowed.</p>	<p>New wounds shed high levels of bacteria. Professional appearance is important for patient choice. Food Hygiene Regulations.</p>
<p>6. Jewellery: Only one plain metal band ring may be worn. No wristwatches are to be worn while involved in direct clinical care. A fob watch may be worn. No necklace should be seen. Medic-alert jewellery (discs only that can worn discreetly on a chain), approved by Occupational Health, can be worn but must be cleanable, plain and discreet. No necklaces should be seen, bracelets or anklets are not to be worn for health and safety purposes.</p>	<p>Jewellery may be hazardous for the following reasons:</p> <ul style="list-style-type: none"> • Jewellery, even plain gold bands (wedding rings) have Been shown to colonise with micro-organisms (Hoffman et al 1985) • Rings with stones are hazardous and may cause trauma to patients • Stones in jewellery may become dislodged

	<ul style="list-style-type: none"> • Jewellery that is hanging e.g. necklaces and bracelets, could be dangerous to staff and patients in potentially violent situations • Appropriate hand washing techniques are prevented by the wearing of wristwatches or bracelets
<p>7. Bare Below the Elbow: All sleeves must either end above the level of the elbow or be rolled up to above the elbow.</p>	<p>Bare forearms and hands minimises the risk of cross infection and also encourages adherence to good infection control procedures</p>
<p>8. Footwear: Shoes must be sensible, black with a rubber sole with a low/flat heel; give adequate support and be strong enough to prevent damage to feet. They should be a lace up or slip-on full shoe, (approved theatre clogs may be worn in specialist areas with permission of the line manager) – No clogs to be worn outside these specialist areas. Occupational Health advice will be required for the wearing of other footwear. If trainers are advised by Occupational Health these should be plain black without motifs. For catering staff and porters safety shoes are provided</p>	<p>Shoes in a poor state of repair are a safety risk. Staff working in a clinical area must take noise issues into account regarding their footwear. Professional image, staff and patient safety. Health and safety statutory requirement.</p> <p>Reduces risk of cross-infection. To prevent accidental harm to patients or self. To promote a professional image.</p>
<p>10. Tights/Stockings/Socks: Should be plain, navy or black or neutral and of a colour in keeping with the overall uniform. For staff working in catering tights are not recommended</p>	<p>To promote a professional appearance. Health & Safety risks</p> <p>Reduces the risk of cross infection. To allow good hand and wrist washing.</p>
<p>12. Clothes: If own clothes are worn these should be smart and in good repair and portray a professional image. An overall professional appearance should be maintained. Slogans which could be considered offensive may not be worn. Short sleeved tops/shirts to be worn when providing direct clinical care. Arms may be covered when not providing direct clinical care or washing hands, for religious purposes. Neck ties (other than bow ties) must be secure inside a waistcoat or in any activity, which involves patient contact. In some areas defined safety clothing should be worn to comply with legislation e.g. clinical support services and Estates & Facilities staff (detailed in local guidance)</p>	<p>Professional appearance Enables the appropriate hand-washing techniques to be undertaken and reduces the risk of cross infection</p>
<p>13. ID Badge Trust ID Badge must be worn at all times in a clearly visible position, using a clip style attachment, not a lanyard.</p>	<p>To conform to the Trust Security Policy</p>

<p>14. Additional garments e.g. fleece/cardigan must not be worn when delivering direct patient care. When worn, they must be of a plain dark colour, navy blue or grey, and of smart appearance.</p>	<p>Reduces the risk of cross infection</p>
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Appendix 2

DRESS REQUIREMENTS FOR ALL STAFF NOT INVOLVED IN DIRECT CLINICAL CARE

Requirements for staff not involved in direct clinical care

REQUIREMENTS	RATIONALE
<p>1. Hair: Must be clean and neat, fastenings should be discreet</p>	<p>Corporate appearance</p>
<p>2. Fingernails: Nail varnish, acrylic nails and false nails must be discreet and enable the wearer to carry out their duties effectively.</p>	<p>Corporate appearance Excessively long nails can interfere with keyboard and other duties</p>
<p>3. Jewellery: Jewellery should be discreet and in keeping with the overall appearance. Excessively long or hanging jewellery should be avoided.</p>	<p>Corporate appearance</p>
<p>4. Clothes: All clothes should be smart and in good repair. An overall professional appearance should be maintained. Slogans which could be considered offensive may not be worn. In some areas defined safety clothing should be worn to comply with legislation (detailed in local guidance)</p>	<p>Corporate appearance</p>
<p>5. Piercing Should be discreet and within keeping with the overall appearance</p>	<p>Corporate appearance</p>
<p>6. ID Badge Trust ID Badge must be worn at all times in a clearly visible position</p>	<p>To conform to the Trust Security Policy</p>
<p>7. Footwear: Must be clean and in a good state of repair. Excessively noisy shoes should not be worn. In some areas safety boots/footwear must be worn to comply with legislation</p>	<p>Shoes in a poor state of repair are a safety risk. Any staff working within the main hospital site and patient areas must take noise issues into account regarding their footwear.</p>

EQUALITY IMPACT ASSESSMENT FORM

STAGE 1 – INITIAL ASSESSMENT (PART 1)

Division:	Corporate	Department:	Nursing and Patient Services	
Person(s) completing this form:	Head of Nursing Professional Practice	Tel No:	773323	
Others involved:	Dep. Director of Nursing	Start date of this assessment:	20 09 10	
Title of policy being assessed:	Dress Code Policy	Policy implementation date:	August 2010	
What is the main purpose (aims / objectives) of this policy?	<p>1. The Dress Code Policy is intended to ensure that the staff of Wrightington, Wigan & Leigh NHS Foundation Trust present a professional and smart appearance to both patients and public when at work.</p> <p>2. In adopting this Policy, the Trust wishes to demonstrate its commitment to increasing public confidence and facilitating good hygiene practice.</p>			
Is the policy <u>existing & being reviewed</u> or a <u>new policy</u>? (tick the relevant box)	Existing & Being Reviewed	<input checked="" type="checkbox"/>	A NEW Policy	<input type="checkbox"/>
Will patients, carers, the public or staff be affected by this policy?	Patients	Yes	<input type="checkbox"/>	
	Carers	Yes	<input type="checkbox"/>	
	Public	Yes	<input type="checkbox"/>	
	Staff	Yes	<input type="checkbox"/>	If staff, how many individuals / Which Groups of Staff are likely to be affected?
Have patients, carers, the public or staff been involved in the development of this policy?	Patients		No	
	Carers		No	
	Public	Yes	<input type="checkbox"/>	
	Staff	Yes	<input type="checkbox"/>	
If yes, who have you involved and how have they been involved:				
What consultation method(s) did you use?	Public, patient and staff surveys and face-to-face meetings with staff			
How are any changes / amendments to the policy communicated?	Focus / Email etc.			

EQUALITY IMPACT ASSESSMENT TABLE

Equality Target Group	Positive Impact High Low None	Negative Impact High Low None	Reason/Comments for Positive Impact <u>(Why it could benefit any / all of the Equality Target Groups)</u>	Reason/Comments for Negative Impact <u>(Why it could disadvantage any / all of the Equality Target Groups)</u>	Resource Implication Yes / No
Men	None	None			
Women	None	None			
Younger People (17-25) and Children	None	None			
Older People (60+)	None	None			
Race or Ethnicity	High	None	Reference made to culture differences in dress		No
Learning Difficulties	None	None			
Hearing Impairment	None	None			
Visual Impairment	High	None	Policy accessible in Braille		Yes (but already exists)
Physical Disability	None	None			
Mental Health Need	None	None			
Gay/Lesbian/Bisexual	None	None			
Transgender	None	None			
Faith Groups (please specify)	High	None	Reference made to differences in faith in Policy		
Carers	None	None			
Other Group (please specify)	None	None			
Applies to ALL Groups	None	None			

High: There is significant evidence of a negative impact or potential for a negative impact.

Low: Likely to have a minimal impact / There is little evidence to suggest a negative impact.

None: A policy with neither a positive nor a negative impact on any group or groups of people, compared to others.

INITIAL ASSESSMENT (PART 3)

(a) In relation to each group, are there any areas where you are unsure about the impact and more information is needed?

NO

(b) How are you going to gather this information?

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(c) Following completion of the Stage 1 Assessment, is Stage 2 (a Full Assessment) necessary?

Have you identified any issues that you consider could have an adverse (negative) impact on people from the following Equality Target Groups?

Please delete as appropriate.

Age (Younger People (17-25) and Children / Older People (60+))		NO
Gender (Men / Women)		NO
Race		NO
Disability (Learning Difficulties / Hearing Impairment / Visual Impairment / Physical Disability / Mental Illness)		NO
Religion / Belief		NO
Sexual Orientation (Gay / Lesbian / Bisexual / Transgender)		NO
Carer		NO
Other		NO

Any Other Comments

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Assessment Completed By: **Head of Nursing Professional Practice**

Date Completed: **9/11/15**

IF 'NO IMPACT' IS IDENTIFIED Action: No further documentation is required.

IF 'YES IMPACT' IS IDENTIFIED Action: Full Equality Impact Assessment Stage 2 Form must be completed.

If required, the Full Equality Impact Assessment Form Template can be downloaded from either the Policy Library Intranet Page or the Equality & Diversity Intranet Page.

PLEASE RETURN COMPLETED FORMS VIA E-MAIL TO:

DEBBIE JONES, EQUALITY AND DIVERSITY PROJECT LEAD (for Service related policies)
debbie.jones@wwl.nhs.uk

EMMA WOOD, EQUALITY AND DIVERSITY PROJECT LEAD (for HR / Staffing related policies)
emma.wood@wwl.nhs.uk

Appendix 4

POLICY MONITORING AND REVIEW ARRANGEMENTS

NAME OF POLICY/SOP or CLINICAL GUIDELINE:

Para	Audit / Monitoring requirement	Method of Audit / Monitoring	Responsible person	Frequency of Audit	Monitoring committee	Type of Evidence	Location where evidence is held
11.1	Ongoing monitoring of compliance	Via PDR, face to face feedback	Ward Managers, Matrons	Ongoing	Ward meetings	Minutes, written	On wards