

# **Dress Code and Personal Presentation Policy**

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Name and designation of Policy Author:	Susan King, HR and OD Project Manager
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Name of Executive Director/ responsible individual:	Raj Bhamber, Interim Director of People, Strategy and Organisational Development
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Target audience:	All Hertfordshire Community Trust (HCT) Staff



## Why do we need this policy?

This policy includes requirements under the following areas: -

- General standards of personal presentation
- ID badges
- Travelling in uniform
- Laundering
- Infection Control
- Safety
- Issue and return of uniform

It also outlines the different principles around uniform requirements for staff with and without responsibilities for direct patient care.

## Policy on a Page

Dress Code and Personal Presentation Policy



Hertfordshire Community  
NHS Trust



## What do I need to do?

Staff need to familiarise themselves with this policy in terms of the dress code, uniform requirements and personal presentation expected and discuss with their manager if they are unsure.



## Where can I find more information?

This policy should be read in conjunction with other Trust policies, including Equality and Diversity, Disciplinary and Hand Hygiene.



## Who does it affect?

This policy applies to all staff.



## Who can I contact?

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## **1. Introduction**

Hertfordshire Community NHS Trust (HCT) is committed to:

- promoting a culture that assures the safety of patients, staff and visitors.
- ensuring that serious incidents are reported in a timely manner, investigated thoroughly and that any lessons learned.
- promoting behaviours that support openness, transparency and demonstrate candour.
- ensuring that lessons are learned and acted upon so that reoccurrence of similar incidents is minimised.
- complying with statutory and regulatory requirements relevant to the business of the organisation.

- 1.2 Personal presentation is essential in promoting a professional image. Clearly in some areas of care it is more appropriate for there not to be a uniform and this in no way detracts from the quality of service provided.
- 1.3 This policy has also been produced to protect the safety of patients and staff by ensuring that the uniform and dress code of all staff complies with infection prevention and control requirements (refer to the Trust Standard Infection Prevention and Control Precautions & Isolation Policy, Hand Hygiene policy and health and safety legislation).
- 1.4 The policy accommodates personal and cultural diversity where this does not compromise the safety of patients, staff or the professional standing of the individual or the Trust.
- 1.5 Some departments may have local uniform policies and these should be adhered to, provided that this does not compromise patient or staff safety.
- 1.6 This version supersedes any previous versions of this document.
- 1.7 This policy is to be read in conjunction with other Trust policies and procedures, in particularly with:
  - Disciplinary Policy
  - Hand Hygiene Policy
  - Equality and Diversity Policy

## **2. Aim and Purpose**

- 2.1 The aim of this document is to outline the policy and standards expected by the Trust of all staff in relation to their personal presentation. Compliance to this document will help ensure that all staff (both directly and non-directly employed) and students participating in duties within the Trust project a professional image, are easily identifiable, wear appropriate clothing at work and work in line with infection prevention control and health and safety procedures.

### **3. Scope**

This policy and the standards therein apply to all staff within the Trust, and not just those for whom a uniform is supplied. It also includes contingent workforce and agency staff, staff with honorary contracts and all students in placement.

The policy addresses common issues in relation to dress code, but it is not possible to detail every eventuality. Therefore, managers and staff will need to use their discretion in deciding whether appearance is appropriate guided by the principles outlined.

### **4. Ownership, Roles and Responsibilities**

The generic statement of roles and responsibilities are in line with the HCT (Trust) [GR1 1215 V.4](#). Roles and responsibilities specific to this particular policy are defined below.

#### **4.1 Board Sub Committee (Designated Committee)**

4.1.1 'Joint Negotiating Committee' (JNC) is the Designated Committee for this policy.

#### **4.2 Lead Executive Director**

4.2.1 The 'Interim Director of People and Organisational Development' is the identified Lead Executive Director for this policy.

#### **4.3 Lead Officer**

4.3.1 The identified Lead Officer for this policy is the 'Deputy Director of HR & OD'.

#### **4.4 Line Managers**

4.4.1 Managers must ensure that:

- Where uniforms are required an initial set of uniforms are ordered based on the role and hours worked
- Employees are made aware of the standard of dress within the policy
- New or Replacement uniforms will only be issued against properly completed and authorised requisitions and in agreement with the line manager
- Policies are implemented, monitored and enforced.

#### **4.5 All Staff**

4.5.1 It is the employee's responsibility to:

- Adhere to the standards of dress and personal appearance appropriate to their staff group at all times
- Inform their manager in a timely manner should their uniforms need replacing
- Comply with this and any other associated policies and procedures
- Maintain a high level of personal hygiene and appearance at all times.
- Promote compliance with this policy across all staff groups.

## **5. General Standards of Personal Presentation (applicable to all staff)**

- 5.1 All staff should be clean, smart, tidy and appropriately attired according to their work environment. Full details of the uniform and dress code policy can be found in section 12.
- 5.2 The following standards are to be followed by all staff and these items are not to be worn:
- Very casual or high fashion trousers, such as jeans.
  - Low waistband trousers showing the abdomen/lower back allowing underwear to be visible.
  - Cropped tops, showing the abdomen/lower back.
  - Strapless, revealing or see-through tops, including those with 'spaghetti' straps.
  - Very high heels.
  - Very short skirts.
  - Clothing that is too tight, loose or low cut.
  - Flip flops/flip-flop-style shoes, or other very casual shoes.
  - Other items which do not project a professional image, such as clothing that contain slogans.
- 5.3 Staff should not be seen smoking while in uniform or be wearing any NHS identifiable items, including clothing, ID badges and Lanyards.

## **6. Name badges**

- 6.1 A photo ID badge must be worn by all staff.
- 6.2 In addition, staff may also wear a name badge (such as 'Hello My Name is...'), and this can include the staff member's profession. If a name badge does not have a photo, the NHS/Trust's logo must not be on the badge. This is in line with former NHS Protect guidance to mitigate security risks, because if a non-photo badge is lost, anyone could find this and impersonate an NHS employee.
- 6.3 All badges must be removed in situations where they are likely to cause injury to patient, staff or visitors and when staff are off duty.

## **7. Travelling in uniform**

- 7.1 Staff are permitted to wear uniforms outside of Trust premises during the course of their working day. However, in order to ensure employees personal safety it is recommended that staff ensure that their uniform is not visible to the public. This recommendation is made for the safety and security of all staff.

- 7.2 Where staff are escorting patients for on-going care, and are required to return by public transport, suitable arrangements should be made to enable staff to return with appropriate clothing to cover their uniform.
- 7.3 There is no evidence of an infection risk from travelling in a uniform, but members of the public may perceive it to be unhygienic. Uniforms must be visibly clean. In some geographical areas, staff may feel less vulnerable to attack if they are not in uniform when visiting patients.

## **8. Laundering**

- 8.1 Staff must presume some degree of contamination, even on uniform or clothing which is not visibly soiled. Staff must therefore change out of their uniform promptly at the end of each shift. A clean and freshly laundered uniform must be worn daily.
- 8.2 The risk of uniforms being contaminated with blood or body fluids is very dependent on the tasks performed by the healthcare worker. Such contamination carries an inherent risk of transmission of disease therefore any uniforms which are visibly soiled with blood or body fluids must be cleaned appropriately. Staff should have access to a spare uniform in case of accidental contamination by blood, body fluids or other noxious/toxic substances. Clean and contaminated uniforms should not be transported together in the same bag.
- 8.4 There are no facilities in the Trust for uniform laundering. Staff are required to wash their own uniform. The following practices should be followed when laundering uniforms, in accordance with guidance from the Department of Health (DoH) and Royal College of Nursing (RCN):
- Wash uniforms separately from other items of clothing, in a washing machine at 60°C for 10 minutes.
  - Use a detergent in quantities recommended by the manufacturer
  - Dry quickly or tumble dry, and then iron
  - Hand washing uniforms is ineffective and therefore not acceptable
  - Heavily soiled uniforms should receive a machine 'sluice (rinse) cycle' first, prior to the main wash
  - White colours may need to be washed separately to avoid discolouration.
- 8.5 Where fleeces, cardigans or other similar clothing are worn they should be laundered on the hottest wash tolerated by the fabric and dried quickly each week as a minimum and also when visibly soiled.

## **9. Infection Control**

- 9.1 Good hand hygiene is well recognised as the single most important factor in the prevention of cross infection (see the Trusts Hand Hygiene Policy). For this reason all staff that have patient contact must ensure that their hands can be effectively decontaminated by:

- not wearing hand or wrist jewellery, including wrist watches or activity trackers such as “fitbits” with the exception of a plain band ring, e.g. wedding ring,
- Covering cuts and abrasions with waterproof dressings,
- **Staff working in clinical settings (including staff delivering care in home settings) must be “bare below the elbows”.** Long sleeved garments (i.e. cardigans or outerwear) must be removed. Where long sleeved garments cannot be removed (i.e. blouses or shirts) it must be possible for the sleeves to be rolled up to above elbow height, and remain up independently throughout the duration of a procedure. **This is essential in the community hospital setting.**
- Staff undertaking consultations only (**outpatient areas**), where physical contact is not required or anticipated do not need to be bare below the elbows, but fingernails should be kept short, clean and free from nail varnish. If the consultation changes to one where physical examination is required staff must remove all wrist and hand jewellery and roll up sleeves.

9.2 If because of cultural or religious beliefs staff have concerns with the ‘bare below the elbow’ principles mentioned above they should seek guidance from their line manager and refer to the Trust’s hand hygiene policy to look at alternative options that meet infection prevention and control standards.

9.3 The Trust provides uniforms and personal protective clothing to clinical staff. Staff need to ensure they use appropriate protective clothing as required, protecting their uniforms/ clothing and reducing the risk of contamination. Plastic aprons must be removed before leaving the patient bed side, patient’s home or clinical areas and changed between patients in order to adhere to infection control policies (RCN, 2017). Plastic aprons are single use items.

## 10. Safety Clothing and Equipment

10.1 Personal Protective Equipment (PPE) is defined as all equipment (and clothing) which is intended to be worn or held by a person at work and which protects them against one or more risks to their health or safety. This includes a specific health risk, such as exposure to blood / body fluids. Where risks are identified employers are required to provide protective equipment, see the Trust Standard Infection Prevention and Control Precautions & Isolation Policy.

10.3 In all cases where safety clothing and equipment is provided by the Trust it should be worn/ used as appropriate. This is seen as an integral part of employees’ responsibilities under the Trust’s Health and Safety Policies and Procedures and Infection Control Policies.

10.6 The need for PPE is determined by personal and departmental risk assessment, with the assistance of a Health and Safety Adviser, if required. Where the need for PPE has been recognised in a risk assessment, its use must be made compulsory by the department manager, recorded and monitored.

10.7 It is the responsibility of all staff to highlight to managers any defects in safety clothing or equipment. The trust will ensure that there are adequate supplies of



PPE available in appropriate sizes so that staff can access these items when required.

## **11. Issuing, Return and Replacement of Uniforms**

- 11.1 It is expected that managers will generally supply new staff with 4 tunics and 3 pairs of trousers.
- 11.2 Public Health Nursing Staff will be provided with 3 Polo shirts (2 for part time staff), although will not be provided with trousers.
- 11.2 Staff are required to return a complete set of uniforms to their line manager when leaving the Trust and this should be signed for on the exit documentation.
- 11.3 Failure to hand in the full uniform will result in recovery of the outstanding balance from salary or wages.
- 11.4 Uniforms do not last indefinitely and staff must request replacements when necessary. Replacements must be approved by the line manager, in line with the Trust [Uniform Guide](#), which is available on the intranet.
- 11.5 HCT uniforms must only be worn when working for Hertfordshire Community NHS Trust.

## 12. Uniform and Dress Code (Table)

Description	<u>Uniformed staff – direct patient contact</u>	<u>Non uniformed staff – direct patient contact</u>	<u>Non-uniformed staff – non patient facing</u>	<u>Rationale</u>
Clothing	<p>Where staff are provided with uniforms, they must be worn. Staff must wear the correct uniforms for their profession and band. Some examples of appropriate uniform are provided in Appendices 1 and 2 – these are a guide and not exhaustive.</p> <p>Allied Health Professionals (AHPs) must wear tunics with the correct colour piping (i.e. blue for physiotherapy and green for occupational therapy).</p> <p>Uniforms should be clean, maintained in an acceptable manner and any alterations and repairs carried out as soon as necessary.</p> <p>Staff will be issued with an appropriate number of uniforms to ensure they are changed daily. The recommended quantity for issue is 4 tunics and 3 pairs of trousers. Vests, T-shirts or under garments must not be visible.</p> <p>Any clothing with sleeves must be able to be rolled or pushed up the arm and secured in place for hand washing and direct patient care.</p> <p>The Public Health Nursing service (Associate Public Health Practitioners) wear Pink/White with the Family Centre Services on the front and NHS Logo on the sleeve.</p>	<p>Clothing should be clean, smart and tidy.</p> <p>Staff are required to wear clothing appropriate to the activity that they are carrying out, and in accordance with section 5.</p> <p>Any clothing with sleeves must be rolled or pushed up the arm and secured in place for hand washing and direct patient care.</p> <p>During summer, when the weather is very hot tailored shorts may be permitted to be worn (minimum knee length), with permission from an appropriate line manager.</p>	<p>All staff should be clean, smart, tidy and appropriately attired according to their work environment. Staff should be modestly covered in accordance with section 5.</p>	<p>Staff are required to ensure they maintain a professional appearance, as well as maintain health and safety requirements for infection prevention and control, and moving and handling.</p> <p>The way staff dress is an important influence on peoples overall perceptions of the standards of care they experience.</p> <p>Contaminated uniforms can harbour microorganisms and pose an infection risk to patients. Uniforms must be cleaned after each shift, as per section 8. Uniforms that have visible contamination should be changed before seeing the next patient.</p>

	<p><b>AHPs:</b> The Trust's AHPs may be permitted to wear a smart, clean, white polo shirt with the Trust's logo, provided they have their manager's permission. Polo shirts must be in a quality condition and look smart.</p> <p>During summer, AHPs may be permitted to wear smart, tailored shorts (minimum knee length) with the permission of their service manager.</p> <p><b>Nursing Staff:</b> During summer when the weather is very hot (suggested guideline of 28 degrees plus for a sustained period of 3 days), nursing staff may be permitted to wear a clean, plain white polo shirt (no logo required) for the period of hot weather only. Staff are required to purchase their own polo shirts and they must be in a quality condition and look smart. Permission must first be obtained from an appropriate line manager and there may be a central (Trust) decision taken.</p> <p>Skirts/dresses may be worn (minimum knee length and with tights of a black / neutral colour). Staff must ensure that if their role involves moving and handling, their uniform does not inhibit movement.</p> <p>Transgender employees will follow the organisation's dress code in a way which they feel matches their gender identity (both uniformed and non-uniformed staff). Where their role requires a uniform, they will be supplied with their choice within the options available to all staff. Where a person presents sometimes in one role, and sometimes in another (and therefore may require more than one style of uniform), this will be</p>			
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	<p>accommodated.</p> <p>Staff must launder items as specified in section 8</p>			
Outer garments	<p>Where cardigans/fleeces/outwear are worn for warmth or to cover up the uniform when travelling they should be of a plain, dark colour, in keeping with their uniform and should be in a good state of repair. These articles of clothing must be removed when carrying out direct patient care.</p>	N/A	N/A	See section 7, travelling in uniform.
Footwear	<p>Must be closed, low heeled shoes or plain trainers (see below).</p> <p>Must be clean and in a good state of repair.</p> <p>Plain colour (black, navy or in keeping with the uniform), with soft soles.</p> <p>Footwear should be comfortable and non-slip.</p> <p>Canvas shoes, flip flops, and casual shoes are not appropriate.</p>	<p>Footwear should be appropriate for the workplace and the activity that is being carried out.</p> <p>Must be clean, comfortable and in a good state of repair.</p> <p>Flip flops and casual shoes are not appropriate</p> <p>Shoes with enclosed toes must be worn in environments where there is a risk of injury from equipment such as wheelchairs.</p>	<p>Footwear should be appropriate for the workplace (for example no flip flops).</p>	<p>Staff are required to ensure they maintain a professional appearance in the workplace.</p> <p>Footwear in a poor state of repair or ill-fitting is a safety risk.</p> <p>Closed shoes offer protection from spills and dropped objects. Open shoes risk injury or contamination for staff. Soft soles reduce noise in wards.</p> <p>Sandals, flip flops or shoes without heel support are not deemed suitable when undertaking patient handling.</p> <p>Staff should note that the appropriate clothing/footwear must be worn on training courses (for example wearing closed shoes when attending manual handling training).</p>

<b>Description</b>	<b><u>Uniformed staff – direct patient contact</u></b>	<b><u>Non uniformed staff – direct patient</u></b>	<b><u>Non-uniformed staff – non patient facing</u></b>	<b><u>Rational</u></b>

Jewellery	<p><b>No jewellery is permitted to be worn, on the hands, wrists or neck during direct patient care activity*.</b></p> <p>*The following exceptions are permissible with permission from an appropriate line manager:</p> <ul style="list-style-type: none"> <li>• One plain band ring (with no stones or etchings).</li> <li>• Plain ear studs - one pair in ear lobe.</li> <li>• One simple necklace – not visible.</li> </ul> <p>No wrist watches are to be worn (fob watches are permissible).</p> <p>No activity trackers (e.g. “fitbits”) are to be worn.</p> <p>Staff may be permitted to wear a plain bracelet for religious or medical purposes only, but these must be pushed up the arm and secured in place for hand washing and direct patient care activity.</p> <p>The Trust will not be liable for any injury sustained by an employee caused by the wearing of any jewellery.</p> <p>The security of jewellery that an employee has been asked to remove remains the responsibility of the wearer. The Trust is not liable for any loss.</p>	As uniformed staff during periods of direct patient care, at other times jewellery / wrist watches may be worn but should be discreet and not pose a risk to self or others.	May be worn but excessive amounts may not ensure a professional appearance.	<p>Staff are required to ensure they maintain a professional appearance in the workplace.</p> <p>Necklaces, long chains or hoop earrings and rings present possible hazards for patients and staff. Conspicuous jewellery can be a distraction and at odds with presenting a professional image.</p> <p>Jewellery and watches can harbour micro-organisms and make effective hand hygiene more difficult.</p> <p>Staff who are required to wear jewellery for religious or medical purposes, should identify themselves and seek guidance from a line manager.</p>
<b>Description</b>	<b><u>Uniformed staff – direct patient contact</u></b>	<b><u>Non uniformed staff –direct patient contact</u></b>	<b><u>Non-uniformed staff – non patient facing</u></b>	<b><u>Rational</u></b>

Tattoos & Body piercings	<p>Tattoos must be kept covered.</p> <p>Visible tattoos where present must not be offensive or provocative. Where they are deemed to be offensive they must be appropriately covered and staff must adhere to bare below the elbow' OR 'Tattoos should be discretely concealed where possible however; staff must ensure compliance with bare below the elbow and hand hygiene policy.</p> <p>Visible body jewellery including facial piercings must always be removed or covered with a plaster (with the exception of discrete stud earrings).</p>	As uniformed staff.	Tattoos and visible piercings should be kept to a minimum and covered where possible.	<p>Staff are required to ensure they maintain a professional appearance in the workplace.</p> <p>Advice should be sought from your line manager with regards to visible tattoos (and piercings) as some may cause offence to patients.</p> <p>New piercings will colonise with a high level of micro-organisms</p>
Facial Hair	<p>Male staff should be clean-shaven or beards (including moustaches) kept short, clean and neatly trimmed.</p> <p>Where as part of religious observance, the cutting or trimming of hair is not allowed or restricted; staff are asked to comply with minimising infection transfer risk by keeping hair clean.</p>	As uniformed staff.	Clean and neatly trimmed.	<p>Staff are required to ensure they maintain a professional appearance.</p> <p>Hair naturally contains microorganisms that are easily picked up on hands, clothing, or inanimate objects. Therefore, staff should be clean shaven or beards (including moustaches) kept short, clean and neatly trimmed. If beards are worn for religious reasons staff are asked to comply with minimising infection transfer risk.</p>

<b>Description</b>	<b><u>Uniformed staff – direct patient contact</u></b>	<b><u>Non uniformed staff –direct patient contact</u></b>	<b><u>Non-uniformed staff – non patient facing</u></b>	<b><u>Rational</u></b>
Hair	<p>Hair should be clean, neat, tidy and worn off the collar. Refrain from bright or bold hair dye. Hair should not need frequent re-adjustment.</p> <p>Hair clips must not have the potential to injury staff or patients. Hair bands should be in a plain colour.</p>	As uniformed staff.	Professional appearance. Neat and tidy.	Hair contains microorganisms that are easily picked up on hands, clothing, or inanimate objects. Therefore, hair should be clean, in a style that does not need frequent readjustment and/or tied back to be kept off the collar. Sharp points and ribbons can pose a safety risk.
Headwear	<p>Headwear will not be worn, except to comply with food and hygiene regulations.</p> <p>Where hair needs to be covered, a turban or black well-secured scarf may be worn, but this should be clean, plain and no longer than shoulder length.</p>	As uniformed staff.	N/A	Full facial veils (i.e. Niquab) are not permissible in order to facilitate patient communication and improve the quality of patient care and to minimise risk of injury and infection transfer
Make up and perfume / aftershave	<p>Natural and in moderation.</p> <p>Perfume / aftershave must be discreet.</p> <p>False eyelashes must not be worn.</p>	As uniformed staff.	Should maintain a professional appearance.	<p>Staff are required to ensure they maintain a professional appearance in the workplace.</p> <p>Some patients may find some perfumes or aftershave smells nauseating, or they may suffer from non-allergic rhinitis.</p>
Nails	<p>Short, clean and well-trimmed, i.e. no longer than fingertips.</p> <p>Nails must be free from varnish and no artificial nails should be used.</p>	As uniformed staff.	Clean and tidy.	<p>Staff are required to ensure they maintain a professional appearance by having clean and tidy nails.</p> <p>Nails can harbour microorganism within the cracks in nail polish and under long or false nails. Keeping nails short, clean and well-trimmed will help minimise the risk of infection transfer and scratching a patient.</p>



<b>Description</b>	<b><u>Uniformed staff – direct patient contact</u></b>	<b><u>Non uniformed staff –direct patient contact</u></b>	<b><u>Non-uniformed staff – non patient facing</u></b>	<b><u>Rational</u></b>
Neck lanyards / ties	<p>Should not be worn during direct patient care activity.</p> <p>Clips may be used to enable badges to be attached to uniforms. Clips are readily available to order when requesting a security badge.</p>	As uniformed staff.	N/A	Neck lanyards and ties are rarely laundered and may potentially be contaminated during clinical activity. Thus staff are advised to utilise clips to prevent possible contamination.
Specialist / safety clothing and equipment, Personal Protective Equipment (PPE)	In all cases where Personal Protective Equipment (PPE) is provided it must be worn / used as appropriate.	As uniformed staff.	N/A	It is a legal requirement for employers to provide PPE to employees where risks have been identified. Employees are required to wear/use any PPE that has been deemed necessary by the Trust.
Maternity uniforms	<p>Will be supplied upon request to the employees manager.</p> <p>Maternity Uniforms will be returned to the Trust upon return to work following maternity leave.</p>	N/A	N/A	To ensure staff are comfortable at work.
Chewing gum	The chewing of gum is prohibited whilst on duty and attending to patients.	As uniformed staff	N/A	To project a professional image.

### **13. Compliance**

- 13.1 It is every member of staff's responsibility that this policy is upheld. The Trust has the right to expect that the standards in this policy are adhered to, and line managers will regularly monitor adherence.
- 13.2 Staff that are deemed by a line manager or senior person on duty to be contravening this policy will be asked to adhere to the recommendations as soon as practicably possible. This may include instructing the staff member to return home and re-present for work in more appropriate clothing. Repeated disregard of this policy will result in disciplinary action, in line with the Trust's Disciplinary Policy and Procedure.

### **14. Implementation and Training**

- 14.1 The policy will be available for reference for all staff at all times and the Trust (HCT) will ensure all staff implementing this policy have access to appropriate implementation tools, advice and training.

### **15. Monitoring Compliance and Effectiveness**

- 15.1 The compliance and effectiveness of this policy has to be tested primarily through audit of Key Performance Indicators (KPIs) as shown in attached Appendix 3. This will be undertaken by the Lead Policy Author in accordance with the timescales identified.

### **16. Review and Revision Arrangements**

- 16.1 The review, updating and archiving process for this policy shall be carried out in accordance with the Trust (HCT) GR1 Policy for Procedural Documents, V.4 by the identified Lead Policy Author.
- 16.2 Minor revisions and details of amendments are recorded as per Appendix 4.
- 16.3 The version control table (Appendix 5) enables appropriate control of the policy with listed personnel responsible for its implementation as well as the date assigned/ approved/ circulated.

### **17. Equality Impact Analyses (EIA)**

- 17.1 The Trust (HCT) is required to have due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
  - Advance equality of opportunity between people from different groups; and
  - Foster good relations between people from different groups.
- 17.2 The completed EIA form for this policy has been undertaken by the Lead Officer Appendix 6 before submitting the policy for approval.

## 18. References

Department of Health (2010). Uniforms and workwear: Guidance on uniform and workwear policies for NHS employers. The document above has been archived, but is still available here:

[http://webarchive.nationalarchives.gov.uk/20130124054344/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_114754.pdf](http://webarchive.nationalarchives.gov.uk/20130124054344/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_114754.pdf)

[Royal College of Nursing \(2017\) Essential Practice for Infection Prevention and Control. Published by the Royal College of Nursing 2017. Available at: https://www.rcn.org.uk/professional-development/publications/pub-005940](https://www.rcn.org.uk/professional-development/publications/pub-005940)

<https://www.whatdotheyknow.com/request/288156/response/702370/attach/3/uniform%20revised%20guidance%202010.pdf>

## **22. Appendices**

The following appendices are attached to support this policy:

**Appendix 1** – Staff Uniform for Community Teams

**Appendix 2** – Staff Uniform for Inpatient Teams

**Appendix 3** – Monitoring Compliance and Effectiveness

**Appendix 4** – Amendment(s) Template for the Policy

**Appendix 5** – Version Control Table

**Appendix 6** – Equality Impact Analyses Form

## **APPENDICES**

**Appendix 1 – Staff Uniform for Community Teams** (This is an illustrative guide and is not exhaustive. Staff must check with their line manager)



Senior Sister/  
Community Matron



District Nursing  
Sister \*



Staff Nurse



Assistant Practitioner



Healthcare Assistant



Male Nurse with  
corresponding colour  
epaulettes



Specialist Nurse/Clinical Lead



Physiotherapist



Occupational Therapist



Therapy Technical  
Instructor



Bank/Agency

\*Royal blue tunics should also be worn by paramedics.

**Appendix 2 – Staff Uniform for Inpatient Teams** (This is an illustrative guide and is not exhaustive. Staff must check with their line manager)



Ward Manager



Ward Sister



Staff Nurse



Healthcare Assistant



Male Nurse with  
corresponding colour  
epaulettes



Specialist Nurse/  
Clinical Lead



Physiotherapist



Occupational Therapist



Therapy Technical  
Instructor



Bank/Agency



Housekeeper & Ward Clerk



Domestic Staff

**APPENDIX 3: Monitoring Compliance for the Policy** This document will be used to ensure effective monitoring and to seek compliance assurance for the procedural document.

<b>Policy Name</b>	Dress Code and Personal Presentation	<b>Policy Version</b>	V.4		
<b>Author (Lead Officer)</b>	Susan King, HR and OD Project Manager	<b>Date of Ratification</b>	19 March 19	<b>Date of Review</b>	March 2022

<b>Requirement to be monitored (WHAT)</b>	<b>Lead (WHO)</b>	<b>Tool (HOW)</b>	<b>Frequency of Monitoring (WHEN)</b>	<b>Reporting Arrangements (WHERE)</b>	<b>Development of Action plan (WHAT and WHO)</b>	<b>Monitoring Action Plan and Implementation (HOW and WHEN)</b>
Effectiveness of the policy	Procedural Document Lead Officer	The Lead will review the data collected as below and take into consideration to amend the policy as appropriate or take forward additional recommendations required to support Compliance and safe practice.	Every 3 years	Workforce and Organisational Development (OD) Group	Procedural Document Lead Officer to update policy as required	As per policy review schedule or earlier at discretion of the Lead Director. JNC minutes note review of policy and/or approval of new edition. Policy disseminated.



## **APPENDIX 4: Dress code and Personal Presentation Policy and Procedure Amendment(s) Template**

To be completed and attached to any procedural document when submitted to the appropriate committee for ratification after doing Minor / Technical revision(s).

**Procedural Document Title: Dress Code and Personal Presentation Policy**

**Ref No: HR04 0718**

**Version: V.4**

**Date of Revision(s):**

**Summary of Amendments:**

<b>Section Heading, Paragraph Number(s)</b>	<b>Description of Amendment(s)</b>	<b>Comments</b>
All sections, paragraphs renumbered	Whole Document amended to meet new GR1 format  Full policy re-write.	
Para 5.2	Clarification that tops with 'spaghetti' straps and that flip-flop style shoes are not permitted.	Approved at July 2019 JNC
<b>Para 8.5</b>	<b>Specific reference made to washing requirements for fleeces, cardigans and other similar garments.</b>	<b>Approved at JNC on 21 January 2020</b>
<b>12 (Table)</b>	<b>Addition of plain trainers to footwear for uniformed staff.</b>	<b>Approved at JNC on 21 January 2020</b>

## APPENDIX 5: Version Control Table

<b>Version No.</b>	<b>Status (Draft/ Approved)</b>	<b>Lead Officer (Author) Or, Identified Responsible Personnel</b>	<b>Date ratified (dd/mm/year) &amp; reported Designated Committee</b>	<b>Comment (Key points of amendments)</b>
V.4	Approved	HR and OD Project Manager	16 July 2019	Minor amendment approved at JNC
V.4	Approved	HR and OD Project Manager	19 March 2019	Approved at JNC
V.4	Approved	People and OD Lead	4 December 2019	Approved via Staff Side Chair's Action

### Historical Editions:

<b>Edition/ Version and Date</b>	<b>Reason for archiving</b>	<b>Date for archiving &amp; location</b>
V.3 July 2018	Superseded by V.4	<i>N:HCT/ Shared Secure/Archived Policies</i>

## Appendix Six: Equality Impact Analyses Form

Evidence that the Trust has carried out an equality analysis is required by law. The [Equality Act 2010](#) places a specific duty on public authorities including NHS Trusts to publish sufficient information to demonstrate compliance with the general equality duty to have due regard in the exercise of their functions to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic & those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

For an easy read guide to the [Equality Act 2010](#) see:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/85039/easy-read.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/85039/easy-read.pdf)

<b>1. Details of the policy</b>				
Title of Policy/ Service/ Function/Proposal/:		Existing (as formerly part of the Records Management Policy)		Date of completion: 8 Nov 2018
Name & Role of all staff involved in completing the EA:				
<b>2. About the Policy.</b> Who is likely to be affected by this policy?				
Staff				
<b>3. Assessing the impact</b> (see section 13.3 of guidance notes)				
Protected Characteristic under the <a href="#">Equality Act 2010</a>  (unless marked with a *)	<b>Probable impact on group</b>  <i>The key question to ask – is there potential positive or negative impacts in relation to the different protected characteristics?</i> <ul style="list-style-type: none"> <li>▪ Is there any evidence that some groups are affected differently?</li> <li>▪ If so, are any exceptions valid, legal or justified?</li> <li>▪ Are there any risks in providing a fair and equitable service?</li> <li>▪ Are there any barriers to access?</li> <li>▪ Is the policy likely to affect the promotion of equality in the areas of age, disability, gender, gender re-assignment, race, religion or belief, sexual orientation, pregnancy and maternity or human rights?</li> <li>▪ Is the impact of the policy likely to be negative on any groups?</li> <li>▪ Can any identified negative impacts be minimized or avoided?</li> <li>▪ Does the evidence show any potential to discriminate?</li> <li>▪ Does the policy address the needs of any of the protected groups in a positive way?</li> <li>▪ How will you reduce any negative impacts?</li> </ul>			<b>Please give reasons for your selection</b>
	<b>Positive</b>	<b>Negative</b>	<b>Neutral</b>	
<b>Age</b> (e.g. older or younger people)			X	
<b>Disability</b>  (physical/ sensory/ learning/ mental health/other)			X	Some staff may need modifications to the standard uniform, for reasons arising from a disability. This will need to be addressed on an individual basis, possibly involving Occupational Health as appropriate.
<b>Gender reassignment</b> (process of transitioning from one gender to			X	Uniforms for any member of staff going through gender reassignment will be dealt with sensitively on an individual basis.  Transgender employees will follow the organisation's dress code in a way which they

another)				feel matches their gender identity. Where their role requires a uniform, they will be supplied with their choice within the options available to all staff.
<b>Marriage or civil partnership</b> ( <i>legally married, or in a civil partnership</i> )			X	Staff may be permitted to wear some items of jewellery for example a plain wedding ring, with permission from a line manager.
<b>Pregnancy or maternity</b> ( <i>women who are pregnant, whilst maternity covers a period of 26 weeks after birth</i> )			X	Maternity uniforms will be provided for pregnant employees.
<b>Race</b>  ( <i>incl. issues relating to ethnicity &amp; culture</i> )		X		Although the Trust aims to promote equality of all staff, traditional floor length dress, jewellery or headwear associated with some cultures / religions is not permissible in some areas of the Trust for reasons of Health and Safety and Infection Control.
<b>Religion / belief</b>  ( <i>people who hold religious and non-religious beliefs</i> )		X		<p>Although the Trust aims to promote equality of all staff, traditional floor length dress, jewellery or headwear associated with some cultures / religion is not permissible in some areas of the Trust for reasons of Health and Safety and Infection Control.</p> <p>Although wearing of religious symbols is permitted, the requirement for this to be covered up in clinical / direct patient care areas is for reasons of health and safety and infection control.</p> <p>Staff may be permitted to wear some items of jewellery for example a plain wedding ring, with permission from a line manager.</p> <p>Headwear (including Headscarves and head coverings) are permissible for staff unless they pose a Health and Safety risk / cross contamination risk. Full facial veils (i.e. Niquab) are not permissible in order to facilitate patient communication and improve the quality of patient care. Headscarves such as Hijab are permitted but this should be clean, plain and no longer than shoulder length</p> <p>Floor length clothing is not permissible where this constitutes a health and safety and infection control risk.</p> <p>Our policy stipulates 'Bare Below Elbow' dress code when engaging in direct patient care. This specifies that arms will be bare below the elbows with no: wrist watches, jewellery, false nails or clothing to ensure good hand and wrist washing. The Trust's Hand Hygiene policy contains more</p>

				detail about options for staff such as disposable sleeves.
<b>Sex (gender)</b> <i>Men / Women</i>			X	In line with best practice, it is felt that the standards posed for men and women are equivalent, even though not identical.  (See also gender reassignment section of this EIA above).
<b>Sexual orientation</b> <i>(lesbian, gay or bisexual, heterosexual etc.)</i>			X	None (although please see marriage and civil partnership section where applicable).
<b>*Human rights</b>			X	By addressing the issues above and providing the rationale where necessary, the Trust demonstrates respect for private and family life; freedom of thought, conscience and religion; freedom of expression and the prohibition of discrimination.
<b>Can the identified potential negative impacts be avoided or minimised by taking different action?</b>  <b>Is there potential to further promote equal opportunities?</b>  <i>(see section 13.4 of guidance notes)</i>	<p>Please see each individual section above.</p> <p>There is an awareness that this policy may indirectly or directly impact on certain staff from protected groups. The following areas have been considered objectively: Religious and Cultural needs, Infection Control, Health and Safety risks. We believe this policy is justified as a proportionate means of achieving a legitimate aim.</p> <p>There rationale for each element of this policy, which is outlined in section 12 (Uniform and Dress Code Table).</p>			
<b>What information or data, if any has been used to complete this EA?</b>	<p>Equality and Human Rights Commission Guidance on Religion or belief: dress codes and religious symbols.</p> <p>Government Equalities Office on Dress Code and Sex Discrimination (May 2018)</p> <p>Gender Identity Research and Education Society Guidance - Equality and Diversity: Transgender Policy Guide for Employers (2015)</p>			
<b>Do you require further information or data to complete the analysis/actions?</b>	No			
<b>Involvement and Engagement:</b>  Consider external diverse views from people with the	<p>HR and OD Project Manager.</p> <p>Principles of overall policy have been discussed with the Terms and Conditions Group.</p>			

protected characteristics	
<b>Do you plan any further involvement /engagement?</b>	In line with changes to best practice/legislation.