Request for information under the Freedom of Information Act reference 8530 sent 12/7/18

Thank you for your email dated 5 July 2018 requesting information regarding the Trust’s dress code policy from 2000. Please find detailed below a summary of your original request together with our response.

Original Request:
I would be very grateful if you could provide me with the hospitals dress code policy from 2000 (via email). I would also kindly request your most recent dress code policy for staff, in addition to the 2000 policy.

When the Trust was formed in April 2010 it adopted guidance published by the Department of Health, called Uniform and workwear: Guidance on uniform and workwear policies for NHS employers. This guidance is readily available to the public via http://webarchive.nationalarchives.gov.uk/+http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114751

The Trust published its own uniform and workwear policy in June 2013, which I attach as Appendix A.

When the policy was updated in June 2017, the document name was changed to the Professional Appearance Policy. I attach the current version of the policy as Appendix B.
EXECUTIVE SUMMARY

Kent Community Health NHS Trust is committed to the safety of our patients and staff and to the provision of high quality care. This policy will ensure that staff are dressed appropriately to deliver that care and to provide our patients and partners with confidence in the organisation to maintain high standards.

A uniform, or work-wear, has many purposes such as protection, comfort and professional image. It has been established that the way employees dress and their appearance is of significant importance to service users and therefore is an external reflection of KCHT as an organisation.

Kent Community Health NHS Trust has detailed the expectations on staff to dress appropriately for their role in this policy.

This policy does not address when to wear personal protective equipment (PPE).

Any exceptions to this policy must be proposed by an appropriate line manager either on an individual basis or for a defined group. This must be agreed by the Executive Lead for the Service.

Any member of staff who wishes to wear particular types of clothing or jewellery for religious or cultural reasons must raise this with their line manager who will not unreasonably withhold approval.

Purpose and Scope of Policy

This policy will ensure staff will be aware of the importance of appropriate dress for their role.

This policy is evidence based and incorporates national guidance and local risk assessment.

This policy must be implemented Trust wide.

This policy must be used in conjunction with other Infection Prevention and Control Policies, Health and Safety policies and Equality and Diversity guidance.

This policy will assist staff to:

- Ensure they are given maximum protection
- Reduce the risk of cross infection
- Ensure they reflect the high standards of professionalism expected by the Trust
Useful Definitions:

**Clinical Staff** – any member of staff who have direct physical contact with a patient/client. These staff may, or may not, wear a uniform e.g. physiotherapist, nurse, doctor, health care assistant, speech therapist.

**Non-clinical Staff** – any member of staff who do not have direct physical contact with a patient/client. E.g. receptionist, ward clerk, chef, administrator.

**Infection Prevention and Control**

**Bare Below the Elbows requirements:**

This applies to all staff involved in patient contact.

- **a.** Sleeves must be short and above the elbows
- **b.** No Hand/Wrist Jewellery is to be worn. One plain band ring is the only exception
- **c.** Nails must be short and free from polish/varnish or nail extensions or false nails.

The policy applies to all staff working for, and on behalf of Kent Community Health NHS Trust (KCHT). These staff may work within our premises, patients own homes, or care settings owned by other agencies.

**Governance Arrangements**

<table>
<thead>
<tr>
<th>Directorate or Function Governance Group responsible for developing document</th>
<th>Nursing and Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circulation group</td>
<td>Policy dissemination and StaffZone</td>
</tr>
<tr>
<td>Authorised/Ratified by Governance or Function Group</td>
<td>Quality Committee</td>
</tr>
<tr>
<td>Authorised/Ratified On</td>
<td>4 June 2013</td>
</tr>
<tr>
<td>Review Date</td>
<td>June 2015</td>
</tr>
<tr>
<td>Review criteria</td>
<td>This document will be reviewed prior to review date if a legislative change or other event dictates.</td>
</tr>
</tbody>
</table>

**Key References**

- Royal College of Nursing (RCN) (2009) *Guidance on Uniforms and Workwear*
Related Policies/Procedures

<table>
<thead>
<tr>
<th>Title-</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outbreak Policy</td>
<td>IPC004</td>
</tr>
<tr>
<td>Equality and Diversity Policy</td>
<td>KCHT HR012</td>
</tr>
</tbody>
</table>

Document Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Status</th>
<th>Date</th>
<th>Issued to/approved by</th>
<th>Comments / summary of changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.1</td>
<td>Draft</td>
<td>January 2013</td>
<td>Infection Prevention and Control Assurance Group</td>
<td>Change format from standard to policy</td>
</tr>
<tr>
<td>0.2</td>
<td>Draft</td>
<td>March 2013</td>
<td>[staff names removed]</td>
<td>Addition of cross reference to past cases in law.</td>
</tr>
<tr>
<td>0.4</td>
<td>Draft</td>
<td>19 April 2013</td>
<td>Focus group</td>
<td>Removal of ‘without pay’ for staff non compliance. Rewording of some statements.</td>
</tr>
<tr>
<td>0.5</td>
<td>Draft</td>
<td>8th May 2013</td>
<td>Staff partnership forum</td>
<td>Addition of overcoats for community staff</td>
</tr>
<tr>
<td>0.6</td>
<td>Draft</td>
<td>16th May 2013</td>
<td>Focus group</td>
<td>Addition of audits and appendices</td>
</tr>
<tr>
<td>0.7</td>
<td>Draft</td>
<td>29th May 2013</td>
<td>Staff Partnership Forum</td>
<td>Addition of definition of clinical and non clinical staff</td>
</tr>
<tr>
<td>1.0</td>
<td>Approved</td>
<td>4 June 2013</td>
<td>Quality Committee</td>
<td>Published</td>
</tr>
</tbody>
</table>

Summary of Changes (if applicable)

March 2013 - Format changed from ‘standard’ to policy.
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>2</td>
</tr>
<tr>
<td>Summary</td>
<td>6</td>
</tr>
<tr>
<td>Uniformed Staff – clinical care</td>
<td>6</td>
</tr>
<tr>
<td>Non uniformed staff – clinical care</td>
<td>6</td>
</tr>
<tr>
<td>Staff in clinical environment - non clinical</td>
<td>7</td>
</tr>
<tr>
<td>Staff outside clinical environment – non clinical</td>
<td>8</td>
</tr>
<tr>
<td>1.0 Introduction</td>
<td>8</td>
</tr>
<tr>
<td>2.0 Objectives</td>
<td>9</td>
</tr>
<tr>
<td>3.0 Discussion</td>
<td>9</td>
</tr>
<tr>
<td>4.0 Communication and Implementation</td>
<td>9</td>
</tr>
<tr>
<td>5.0 Equality and Diversity</td>
<td>9</td>
</tr>
<tr>
<td>6.0 Risks of non compliance with this policy</td>
<td>9</td>
</tr>
<tr>
<td>7.0 Principles of Good Practice</td>
<td>10</td>
</tr>
<tr>
<td>8.0 Roles and Responsibilities</td>
<td>10</td>
</tr>
<tr>
<td>9.0 Expectation of Staff: Personal Appearance</td>
<td>12</td>
</tr>
<tr>
<td>10.0 Identification Badges</td>
<td>14</td>
</tr>
<tr>
<td>11.0 Laundering of clothing and uniforms</td>
<td>14</td>
</tr>
<tr>
<td>12.0 Monitoring</td>
<td>14</td>
</tr>
<tr>
<td>13.0 Equality Analysis</td>
<td>15</td>
</tr>
<tr>
<td>Appendix 1 Uniform Monitoring form (1)</td>
<td>16</td>
</tr>
<tr>
<td>Appendix 2 Uniform Monitoring form (2)</td>
<td>17</td>
</tr>
<tr>
<td>Appendix 3 Focus Group Meeting Notes</td>
<td>18</td>
</tr>
<tr>
<td>Appendix 4 Bare Below Elbow consultation with staff</td>
<td>20</td>
</tr>
<tr>
<td>Appendix 5 Laundering of uniforms during an outbreak guide</td>
<td>22</td>
</tr>
</tbody>
</table>
UNIFORM AND WORK-WEAR POLICY

Summary

Uniformed Staff Providing Clinical Care

- All staff must be bare below elbow – i.e. no wrist jewellery, only one plain band ring and short sleeves to facilitate hand hygiene. Finger nails must be short and free from polish/varnish or nail extensions, such as acrylic nails.

- A freshly laundered uniform must be worn each day

- Staff coming into close contact with patients should not carry pens, scissors or other items in pockets where they may cause harm to the patient e.g. breast pocket. If possible, uniforms without this type of pocket should be sourced.

- Staff should not wear cardigans or jackets when in the patient care environment or when delivering patient care

- Where Staff wear a uniform in the community a dark coloured, smart jacket should be worn over the uniform to provide staff with protection from inclement weather.

- Chains/necklaces are not permitted for staff delivering clinical care. Where lanyards are worn to display the staff ID badge they must be out of patient reach during clinical activity. (In the case of Chaplin v. UK the employing NHS trust was deemed to have given a proportionate response, on health and safety grounds, denying a nurses request to continue wearing a crucifix).

- An SOS necklace may be worn by staff to indicate the existence of a medical condition i.e. epilepsy/diabetes etc. When undertaking clinical procedures this must be tucked inside clothing to prevent injury.

- Staff working within the community should not wear uniforms outside of their work duties e.g. for shopping (exception is made for purchasing fuel if necessary for their role)

- Where uniform trousers have been supplied these must be worn (not staff’s own trousers)

- Uniforms which are no longer in good repair should be returned to the Manager to facilitate repair or replacement.

- Uniforms should not be worn outside of work. Exceptions are for direct travel to and from the place of work where no changing facilities are available – in this case uniforms must be covered during travel.

- If the uniform becomes contaminated by body fluids/blood it must be changed immediately or as soon as is practically possible

- Footwear must have a fully closed toe, a hard sole and be secured at the heel

- Refer to the Section on Personal Appearance for more information
Non uniformed Staff Providing Clinical Care

- All staff must be bare below elbow – i.e. no wrist jewellery, only one plain band ring and short sleeves to facilitate hand hygiene. Finger nails must be short and free from polish/varnish or nail extensions, such as acrylic nails.

- Freshly laundered clothing should be worn each day

- All clothing must be easily laundered to aid compliance with this policy e.g. Dry Clean only clothing may be unsuitable for cleaning if it becomes contaminated with blood/body fluids

- Staff coming into close contact with patients should not carry pens, scissors or other items in pockets where they may cause harm to the patient e.g. breast pocket.

- Logos, midriff and underwear must not be visible. Clothing should be comfortable to allow movement.

- Staff should not wear cardigans or jackets when in the patient care environment or when delivering patient care.

- Chains/necklaces are not permitted for staff delivering clinical care. Where lanyards are worn to display the staff ID badge they must be out of patient reach during clinical activity. (see section above)

- An SOS necklace may be worn by staff to indicate the existence of a medical condition i.e. epilepsy/diabetes etc. When undertaking clinical procedures this must be tucked inside clothing to prevent injury.

- Ties or other neck or head wear which may come into contact with the patient or their close environment must not be worn during clinical work. If it is not possible to remove a tie it must be tucked in during clinical work. Other head/face wear should be discussed with the Line Manager or person in charge of the clinical area and will be subject to risk assessment based on the activity undertaken

- Footwear must have a fully closed toe, a hard sole and be secured at the heel

- Refer to the Section on Personal Appearance for more information

- Staff not complying with this standard may be instructed to immediately comply or be sent home. Disciplinary action will be considered.

Staff working within the Patient Care Environment who do not provide Clinical Care

- Clean clothing should be worn each day

- Where a uniform is worn e.g. domestic or catering staff, the guidance for uniforms must be applied (see above)

- Clothing should be easily laundered in case of soiling or infection within the area for staff convenience

- ID badges must be worn at all times
Refer to the section ‘Personal Appearance’

Logos, midriff and underwear must not be visible. Clothing should be comfortable to allow movement

Staff not complying with this standard may be instructed to immediately comply or be sent home. Disciplinary action will be considered.

Staff Working Outside of the Patient Care Environment (and not providing clinical care)

- Clean clothing should be worn each day
- Logos, midriff and underwear must not be visible. Clothing should be comfortable to allow movement
- ID badges must be worn at all times
- Refer to the section ‘Personal Appearance’
- Staff not complying with this standard may be instructed to immediately comply or be sent home. Disciplinary action will be considered.

1.0 INTRODUCTION

1.1 This policy applies to all employees of Kent Community Health NHS Trust (KCHT).

1.2 A uniform, or work-wear, has many purposes such as protection, comfort and professional image. It has been established that the way employees dress and their appearance is of significant importance to service users and therefore is an external reflection of KCHT as an organisation.

1.3 All staff are expected to portray a professional image to patients/clients and members of the public regardless of whether they are required to wear a uniform or not. Local guidance may be developed for specialist services e.g. Learning Disabilities, outreach services. All staff must maintain a high level of personal hygiene.

1.4 This policy has been developed to address issues of health and safety, including identification, professional image and prevention and control of infection. Failure to adhere to the policy may result in disciplinary action being taken in accordance with KCHT’s Disciplinary Procedure.

1.5 Care should be taken in the application of this policy to avoid discrimination and therefore account should be taken of KCHT’s Equality and Diversity Policy.

1.6 This policy should be read in conjunction with Health and Safety policies, guidance and documents which relate to the wearing of protective equipment and KCHT’s Infection Prevention and Control Policies and Guidelines which deal with the use of personal protective equipment and best practice in relation to outbreak control.

1.7 In addition to this core policy, some departments within KCHT may have specialist guidelines which reflect the particular needs e.g. theatre, catering departments, Learning Disabilities and some outreach services. These local guidelines will compliment this policy.
2.0 OBJECTIVES

2.1 The purpose of this policy is to:

2.1.1 Address Health and Safety, Prevention and Control of Infection, comfort and public confidence issues.

2.1.2 Provide a standard for the uniform and dress code requirements of all employees to ensure that:

- All staff appear clean, smart and portray a professional appearance
- Wear the appropriate identification badge which is clearly visible and legible to public, patients and other staff.
- Appropriately wear the uniforms which have been provided by KCHT.

3.0 DISCUSSION

3.1 This policy describes individual responsibility in relation to care of uniforms, personal appearance including the wearing of jewellery, body artwork, nail polish/false nails and the wearing of identification badges.

4.0 COMMUNICATION AND IMPLEMENTATION

4.1 The policy applies to all staff employed by, or for, KCHT and as such will be brought to the attention of all employees via the policy dissemination structure and by publication on StaffZone.

5.0 EQUALITY AND DIVERSITY

5.1 KCHT recognises the diversity of ethnicity, cultures, religions and disabilities of employees and will take a sensitive approach to accommodate these needs, and consider a request, but priority will be given to health and safety, infection prevention and control and quality of care to ensure patient care is not compromised.

5.2 Staff experiencing difficulty in complying with this policy should contact their Line Manager in the first instance. All requests to wear particular types of jewellery of clothing for religious and cultural reasons will be considered by the line manager and approval will not be unreasonably withheld.

5.3 Staff Consultation information is Appendices 3 and 4

5.4 Staff should refer to the Trusts’ Guidelines for dealing with discrimination from patients and service users and speak to their Line Manager if a problem arises.

6.0 RISKS OF NON COMPLIANCE WITH THIS POLICY

6.1 Failure to comply with this policy may result in the following risks arising:

6.1.1 KCHT may not meet its obligations under Health and Safety Legislation.
6.1.2 Employees may not be aware of the requirements placed upon them in relation to the standards of uniform and dress expected.

6.1.3 KCHT may not fulfil its obligations to maintain compliance with the Hygiene Code.

6.1.4 KCHT processes and actions may be deemed to be unfair and inconsistent if not undertaken in accordance with this policy.

7.0 PRINCIPLES OF GOOD PRACTICE

7.1 Clothing worn at work, including uniforms, should encourage public trust and confidence in the employees of KCHT. Clothing should be safe, practical and reflect the type of work to be undertaken.

7.2 KCHT provides patient and public focused services and employees should not, therefore, wear inappropriate clothing to work. This includes extreme styles of fashion e.g. clothing which exposes the abdomen or underwear, see through garments or garments of extreme length e.g. short skirts, hot pants.

7.3 Uniforms are for the use of the employee to whom they have been issued. In the interests of security and the safety of patients and employees unauthorised individuals are not permitted to use or wear uniforms. All uniforms must be handed in to manager prior to leaving the organisation.

7.4 Work clothing and uniforms should be fit for purpose for the duties being undertaken i.e. meet the moving, handling and ergonomic requirements of the employee’s role.

7.5 Work clothing and uniforms should be kept clean in order to reduce the risk of cross infection and also to maintain a professional image.

7.6 All uniforms within clinical areas must have short sleeves and staff must be bare below the elbow to meet infection control requirements.

8.0 ROLES AND RESPONSIBILITIES

8.1 Trust Board

8.1.1 Ensure that the Uniform and Work-Wear Policy is implemented across all areas and that all Managers are aware of their roles and responsibilities under the policy and procedure.

8.1.2 Ensure that there are sufficient resources available for staff to have uniforms where appropriate.

8.2 Manager

It is the duty of the Manager to:

8.2.1 Ensure that this Policy on Uniform and Work wear is implemented within their area of responsibility ensuring that employees are aware of the policy and any other departmental guidance relevant to their area of work.
8.2.2 Endeavour to maintain a safe and healthy working environment where the uniform and work wear policy is appropriate to the duties being undertaken, including the use of personal protective equipment.

8.2.3 Address any concerns raised by an employee where they believe that their personal requirements or circumstances are not being met in relation to this policy thereby seeking to avoid any discriminatory practices.

8.2.4 Ensure that employees are aware of and have access to the correct uniform for their area of work.

8.2.5 Take action where an employee does not comply with the uniform or work wear policy requirements.

8.2.6 The allocation for part-time staff will be on a pro-rata basis, depending on the number of shifts worked as follows:

- One shift per week – one tunic/pair of trousers or one dress
- Two shifts per week – two tunics/one pair of trousers or two dresses (or combination)
- Three shifts per week – three tunics/two pairs of trousers or three dresses (or combination)
- Four shifts per week – four tunics/two pairs of trousers or four dresses (or combination)
- Five shifts per week or more – five tunics/three pairs of trousers or five dresses (or combination)
- Bank staff will be issued with uniforms if appropriate as if they work 3 days a week

8.3 Employee

It is the duty of the employee to:

8.3.1 Adhere to this policy and any departmental guidance for their area of work on uniform and dress.

8.3.2 Contribute to the maintenance of a safe and healthy working environment for themselves and others by wearing the appropriate uniform or dress for the area in which they are working. This includes any personal protective equipment relevant to their role.

8.3.3 Raise any concerns with their manager where they believe that their personal requirements or circumstances are not being met in relation to this policy.

8.3.4 Dress in a manner, which promotes a professional image and enhances the standard of care and the reputation of KCHT.

8.3.5 Regularly check their uniform and ensure that it remains in good condition reporting any concerns to their manager promptly including requests for replacement uniforms.
8.3.6 Take care of uniforms issued to them and prevent unauthorised use by others.

8.3.7 Return any uniforms to their line Manager in a clean state when no longer required.

8.3.8 Reduce the risk of infection and also promote a professional image by not wearing their uniform whilst off duty.

9.0 EXPECTATIONS OF STAFF: PERSONAL APPEARANCE

9.1 Employees should ensure that their hair is clean and worn off the face and shoulders when they are working in clinical, catering or domestic areas of work.

9.2 For personal and patient safety and infection control reasons the wearing of jewellery is restricted in certain areas e.g. clinical, catering, domestic etc, for clinical staff with patient contact. One plain band ring with a smooth surface may be worn, Engraving, stones of any kind (even inset) or detailing are not permitted as this impedes on hand hygiene efficacy.

9.3 In non-patient/public facing areas the wearing of jewellery should not be excessive, elaborate or offensive. This is at the discretion of the Line Manager.

9.4 To ensure satisfactory hand washing techniques and to prevent cross-infection wrist watches must not be worn in clinical areas or by clinicians during ‘hands on’ patient contact in a non clinical setting. Wearing of a fob watch is advised as an alternative for clinical staff where appropriate. If worn, a fob watch must be positioned on the uniform so that it does not compromise patient or staff safety.

9.5 Wherever possible, employees should avoid exposing body artwork whilst at work. Body art which could be perceived as offensive and unprofessional e.g. swear words, nakedness, and offensive symbols or that which is not concealed by clothing must be covered unless this breaches bare below elbows (BBE). Those considering new body art should bear in mind professional image and discuss with their Line Manager if there are concerns.

9.6 Casual clothing, leisurewear, denim and fashion garments with excessive zips, belts, chains, rips and pockets, e.g. combat trousers, jeans, leggings should not be worn whilst at work. This is at the discretion of the Line Manager.

9.7 Footwear should be fit for the type of duties to be undertaken. Employees working in clinical, catering or domestic areas should refer to the departmental guidance for their area of work. When wearing uniform black/blue shoes should be worn which have an enclosed toe and with a heel of no more than 2”. Tights/stockings when worn with uniform should be natural, brown or black. Socks should be dark e.g. black or blue. Non-uniform staff should avoid extremes in footwear, e.g. flipflops. Low heels are recommended for non-uniform, clinical staff. Therapists may wear trainers whilst working in physiotherapy gyms or other therapy areas. Soles of shoes should be thick enough to avoid becoming pierced. Uneven soles e.g. MBT should not be worn whilst at work as they can affect balance and stability.

9.8 Nails must be kept clean and short and be an appropriate length for the work environment.

9.9 Items that cover the face are not permitted e.g. sunglasses. This is to ensure the
member of staff is identifiable to patient, visitors and colleagues. Staff who wear sunglasses for driving must ensure they are removed prior to patient contact. Staff who cover their head or face for religious reasons e.g. turban or hijab should ensure this does not affect their ability to carry out their role. A turban, if fitted tightly and laundered properly places no risk to health and safety or infection control risk for non clinical staff. Also a “sports” hijab has been chosen by Muslim female staff in other NHS trusts. Closer assessment or risk assessment should be made locally, where clinical staff wear these and dependant on their role.

9.10 Hairstyles should be neat and extreme colouring e.g. primary colours, is not permitted – at the discretion of the Line Manager.

9.11 Make-up should be discreet and not excessive – at the discretion of the Line Manager.

9.12 Ear and other facial piercing can be associated with bacterial shedding. One pair of small plain studs only can be worn in the ears for clinical duties – uniform or non-uniformed staff. All other piercings must be removed or covered.

9.13 Only work related badges should be worn e.g. professional organisation, qualification should be worn. Which badges are acceptable is at the discretion of the manager. Excessive numbers of badges should be avoided. Badges should be decontaminated frequently using a suitable detergent wipe.

9.14 White coats, or other long sleeved garments, are not permitted in the clinical care environment as they impede the ability to carry out hand hygiene effectively.

9.15 Personal Protective Equipment: All staff must comply with all Health and Safety Policies, COSHH Legislation, Infection Control Policy and procedures and Food Hygiene Legislation and other statutory duties.

9.16 Staff not complying with this standard may be instructed to immediately comply or be sent home. Disciplinary action will be considered.

9.17 Facial hair should be kept short and neat or secured so it does not impede on safe patient care.

9.18 Uniforms must not be worn whilst off duty. This will reduce the risk of cross infection and encourage public confidence. In cases where staff in uniform are community based e.g. community nurses, it may not be feasible to remove their uniform during lunch breaks instead, wherever possible, they should avoid undertaking non-work related activity whilst still in uniform. If this is not possible a coat must be worn to cover the uniform. Where changing facilities exist staff must change their uniform before and after duty.

9.19 Nail polish or false nails must not be worn on duty where this adversely affects a member of staff's ability to carry out their duties effectively and/or where this would compromise health and safety or infection control. Clinical, catering or domestic staff must not wear nail polish and/or false nails as these have been shown to act as a reservoir to microorganisms, can harm patients and can reduce the effectiveness of hand hygiene techniques.

9.20 Ornamental Buckles are not permitted on uniforms; belts should only be worn in the clinical area if laundered daily. Any buckles must be decontaminated daily.

9.21 If a fob watch is worn it should be of the plastic covered variety so it can be easily
9.22 Ties or scarves should not be worn. If a tie is worn, it must be tucked in the shirt.

10.0 IDENTIFICATION BADGES

10.1 Please read this section in conjunction with KCHT Procedure on the Issuing of Identification Badges. KCHT identity badge must be worn at all times whilst at work. However, if with the approval of a manager it is felt that it is not appropriate to wear a badge in plain sight when accompanying clients for reasons relating to privacy and dignity, then the employee should still have the badge on their person, even if not displayed.

10.2 Staff must not provide their own fixtures for their identification badges. Only KCHT approved quick releasing lanyards and fixtures which comply with the Health and Safety guidelines for each individual service will be provided.

10.3 All ID badges, lanyards or clips must be kept clean and should be decontaminated using a detergent wipe when required.

11.0 LAUNDERING OF CLOTHING AND UNIFORMS

11.1 A clean uniform or outfit must be worn on each shift. Uniforms and clinical work-wear should be laundered separately from the main domestic wash. Washing should take place in a washing machine at the recommended maximum temperature for the garment. Biological detergent should be used if possible.

11.2 Drying can be either on a line or in a tumble drier depending on the care instructions. When dried the uniform/work wear should be ironed also adhering to garment instructions. This maximises removal of contaminating micro-organisms.

11.3 Any head covering garments deemed acceptable by line managers e.g. worn for religious reasons, must be washed or changed daily. If headscarves are worn due to health reasons, these must be worn tightly and laundered or changed daily.

11.4 Uniforms must be carried separately to and from work. A disposable bag should be used to carry soiled uniforms for laundering – a separate bag should be used to carry clean uniforms to avoid contamination.

11.5 See Infection Prevention and Control Outbreak policy or Appendix 5

12.0 MONITORING

12.1 The effectiveness of this policy will be addressed through regular audit, by Matron and other manager visits, managers and departmental managers. Recommended frequency - minimum annually.

12.2 Bare below elbows compliance will be monitored monthly by nominated individuals on behalf of the Head of Service/Team Leader see Appendices 1 and 2 for a choice of monitoring tools.
13.0 EQUALITY ANALYSIS

13.1 Kent Community Health NHS Trust is committed to promoting and championing a culture of diversity, fairness and equality for all our employees, potential employees, service users as well as members of the public.

13.2 Understanding of how policy decisions and services can impact on ‘protected groups’ under the Equality Act 2010 is key to ensuring quality and productive environments for patient care and also the workforce. ‘Protected groups’ are:

- Race
- Disability
- Sex
- Religion or belief
- Sexual orientation (being lesbian, gay or bisexual)
- Age
- Gender Re-assignment
- Pregnancy and maternity
- Marriage and civil partnership

13.3 All forms of communication (e.g. sign language, visual aids, interpreting and translation or other means) which ensures the patient understands should be considered. (See the Big Word pages for help)


13.4 The privacy and dignity (human rights) of patients must be considered alongside any care standards and identify the fundamental links between good health care and equality.

13.5 The Equality Analysis for this policy is located on the public website:

# Appendix 1

## UNIFORM MONITORING FORM

<table>
<thead>
<tr>
<th>Date of Uniform Check</th>
<th>Number of Staff Checked</th>
<th>% Correct Trousers/Tunic Worn</th>
<th>% Appropriate Foot Wear Worn</th>
<th>% Appropriate Jewellery Worn</th>
<th>% Hair Tied Back Appropriately</th>
<th>% Uniform Clean in Appearance</th>
<th>% Appropriate Nails</th>
<th>% Appropriate ID Worn</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actions Required</th>
<th>Date Actions Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signed: .................................  Print Name: .................................

Job Title: .................................  Team: .................................

Department: .................................  Date: .................................
# APPENDIX 2
## UNIFORM MONITORING FORM

**Team:**

**Site:**

**Date:**

**Carried out by:**

<table>
<thead>
<tr>
<th>Staff Initials or Number</th>
<th>Clean uniform if worn</th>
<th>Bare below the elbow</th>
<th>No jewellery</th>
<th>Hair tied back if long</th>
<th>Short fingernails no varnish or extensions</th>
<th>Suitable footwear</th>
<th>Identity badge worn</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
<tr>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
<tr>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
<tr>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
<tr>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
</tbody>
</table>

**Action Required**

**Date Completed**

* YES/NO delete as appropriate
APPENDIX 3 UNIFORM STANDARD/POLICY FOCUS GROUP
19 April 2013

Attendance:
The focus group included 9 staff both clinical and non clinical, staff side and two patient and public representatives from the Patient Engagement Network. The focus group was facilitated by the Equality and Diversity Manager because the Equality Analysis process identified a focus group would be a good opportunity as part of the policy consultation. There was a good representation of male and female staff, ethnicity, age and sexual orientation.

Meeting Notes:

General feedback:
The policy made expectations of staff clear and it was simple to read. Some elements were a little repetitive, but this is due to the policy covering different staff roles.

Reputation:
- All staff should want to reflect the best reputation possible. It is what patients see and it is what patients want. (from Patient Engagement Network member).
- Overcoats of some sort should be part of staff uniforms. To present a professional image. Fleeces quickly get worn and shabby and staff should be supported to wear a comfortable uniform but also one which gives a smart image and one which is and is seen to be clean. Gaberdeen raincoats were a suggestion.
- The trust needs to also contend with a professional image so that we gain a competitive edge over other potential providers.
- Some services work better when they do not express too much of a professional image as this can create barriers with clients. The group agreed that in some work areas a more casual attire could be worn but not denim jeans. Other casual trousers could be worn, but not denim jeans. The group agreed that you cannot necessarily make one policy work for such a wide and varied portfolio of services/staff, but there should be an agreed standard at local service level.
- Leggings were agreed across the group as not acceptable work wear. Often casual leggings were inappropriate because they showed, often, and in reality, intimate parts of the body and shape. Any work wear which revealed cleavage, mid rift, or thighs was not acceptable. It is perfectly possible to show “style” but not show intimate body parts.
- Non clinical staff should generally always wear clean clothes – this was the only element of control that the group felt the policy could have to guide staff regarding infection control, but more so about reputation.

Infection Control:
- Hair worn off the face: The need to ensure that hair was tied back and off the face in clinical environments was reinforced in discussion from staff and patient representatives. It avoided the need to touch the hair throughout the day so is practical and contributes to infection control. It was shared and understood peoples choices on how they express themselves, but protocols to wear hair safely was essential.
• **Uniform Audits:** the group felt this was essential and a programme of this should be carried out in clinical and non-clinical areas to keep standards high but also to act as a gauge/indicator of how well the policy was implemented.

**Body art/tattoos:**

• The group agreed that to help manage issues where new applicants are given information about the uniform policy, the policy should be added to the NHS jobs website. If you know you are applying into an organisation that does not accept e.g. offensive body then you are informed beforehand. Covering up body art e.g. on lower arms goes against the “bare below elbows” guidelines and therefore in order to deliver care safely, staff would with visible body art would have the “rules” flexed for them, which the group agreed was not fair. However, in the groups knowledge remit, you could not dismiss someone for having body art on show.

**Make up:**

• Group members agreed that personal expression and diversity is key but make up should be simple and still convey a professional image.

**Staff Uniforms:**

• Discussion around footwear and practicalities and safety was discussed and some changes made to the policy on this.

• Some suppliers of uniforms are not providing the trust with a consistent product. Staff agreed that often colours did not match (different navy blues) and that sizes were not consistent either where they stated one size but it was not that size at all and that this happens often.

• Staff felt that there should be a minimum number of uniforms given to staff so that they could better manage the laundering and rotation of clean uniforms e.g. if you work a five day shift pattern, you should have 5 sets of uniform. There was flexibility that if your activity at work meant that you did not get heavily soiled uniform that good judgement meant that you could wear that for a second day/shift.

• If we are not allowed to wear pens in breast pockets, why do we buy uniforms which have breast pockets.

• One idea was to have core uniforms for each type of community team e.g. for long term conditions teams. This improves identity and also reputation and if you are ordering cleverly and in the right bulk you must be able to make a cost saving long term.

• A cost saving could also be made where staff leave and do not return uniforms and then there would be the need for some form of resource to manage that process and rotation.

• There was a clear request that summer and winter uniforms be provided for comfort and some practicalities for staff.
Bare below the elbows – Infection and Prevention Control Policy: Equality Analysis and subsequent action on Religion and Belief.

Impact on religion or belief should we ask ALL staff to remove jewellery, clothing or items worn on their hands or lower arms when conducting clinical work.

1.0 In August 2012 an Equality Analysis was conducted on the Infection and Prevention Control draft Policy. This looks at the impact on staff given new measures in clinical practice.

2.0 The analysis identified clinical practice issues where some staff wear clothing, jewellery or items which express their faith or religion on their lower arms, hands, fingers – which contradicts previous and current draft policy which states:

“…….zero tolerance………..”

3.0 Due to the sensitive nature of this issue around “uniform standards” and personal approaches to diversity it was decided not to make a decision in the policy in isolation. Therefore information and an invitation was shared in the Staff Communications Bulletin.

4.0 The bulletin raised a good response summarised as follows:

- Staff responded to the general wearing of religious symbols not around wearing of them on the arm/hands below the elbow. Though this was of interest and showed some peoples support or challenges, it did not relate to this part of the policy.
Many respondents raised the issue of wearing a cross representing Christianity, where as this policy consultation is not regarding this. This would come under the uniform standard/policy.

Some staff felt that they were being asked to remove any sign or symbol which referred to a religion or belief. The majority of people were expressing Christianity.

Staff were not offended by people wearing religious symbols (nor should they be).

There is a variation in what staff feel is and is not acceptable against policy and what jewellery is or is not allowed. E.g. even though staff have been “allowed” to wear a plain band, some staff wear this as well as band with a cluster of stones.

“I feel that all staff should be allowed to express their beliefs providing that clinical care is not compromised”

“Re: bare below elbows – I am a clinician and I need to practice good hand hygiene and this cannot be done with lots of jewellery etc, therefore I feel this rule should be applicable across the board for clinical staff or any staff member with access to patient areas.”

“I wasn’t aware of the bare below elbows issue and don’t really know what it means but I assume that there are potentially religious objection to having bare arms and the issue is how this fits with hygiene requirements.”

“Below elbow clothing – I think the Trust will need to publish research showing a link between long sleeves and maintaining hygiene for the protection of patients and staff.”

“I am pleased the Trust is having this debate and hopefully a resolution can be found to find a way for the Trust to adhere to its own equality and diversity policy.”

“Patient care and safety should come first. The arms should be available to be washed or scrubbed.”

“I think that all staff should be allowed to wear a cross, Star of David, Hijab, Turban etc. This acknowledges the diversity of our staff.”

“As long as the uniform code is adhered to/ infection prevention considered then there should be no problem with people wearing religious symbols.”

5.0 It has been suggested that a single plain wedding band is acceptable to wear on a finger. This needs to be discussed and decided on further and whether this contravenes clinical practice, or if there is any evidence as such.

6.0 Some religions or beliefs express their marriage/relationship status differently or wear wrist jewellery expressing a part of their culture.

7.0 In the implementation of the Policy we are not stating that people cannot express their religion or their belief. The diversity of people’s religion, belief or culture brings value to the organisation which we want and embrace. However people can still express who they are in the workplace without wearing something which would contravene hand hygiene.

Conclusion:
All policy standards need to be adhered to and clinical practice should not be interpreted or locally/personally reinterpreted or attempted to be justified e.g. by staff stating that they can wear a clustered wedding ring because they wash it properly. This is not acceptable.

In the implementation of the policy religion or belief is not compromised or discriminated against.
APPENDIX 5

Uniform Protocol during an Outbreak of Infection.

1. During an outbreak staff should not wear their uniforms to or from the work place.

2. Staff should change into their uniform on arrival to their work base, e.g. ward, clinic, other place of work.

3. Staff should then change out of their uniform at the end of their working day prior to leaving their work base, placing their uniform into a disposable laundry bag, (Refer to staff outbreak folder for further information on dissolvable laundry bags).

4. The dissolvable laundry bag provides a sealed unit for safe transportation of staff uniforms that may have come in contact with a known infection.

How the Bag Works.

1. The bag has a soluble external membrane covering the seam with a pink soluble tie.

2. The bag is white with a blue stripe (as per HSG (95) 18, basic instructions are provided with the bag).

3. Put the uniform into the bag and seal with the pink tie; do not knot the bag.

4. The bag goes into the domestic washing machine unopened.

5. Add biological detergent as advised for chemical disinfection.

Cold or hot water will dissolve the external seam and tie to release the washing into the drum.

At the end of the wash, the bag must be removed and put into domestic waste as it is now clean.

It is recommended that no other articles of clothing are added to allow full agitation, rinsing and dilution.
PROFESSIONAL APPEARANCE POLICY
EXECUTIVE SUMMARY

Kent Community Health NHS Foundation Trust (KCHFT) is committed to the safety of our patients and members of staff and to the provision of high quality care. This policy will ensure that the professional appearance of staff is appropriate to deliver care and to provide our patients and partners with confidence in the organisation to maintain high standards.

It has been established that the appearance of members of staff and the way in which staff present themselves to patients is of significant importance and therefore is an external reflection of KCHFT as an organisation. A uniform, or work-wear, has many purposes such as protection, comfort and professional image.

KCHFT has detailed the expectations on members of staff to dress and present themselves appropriately for their role in this policy.

This policy does not address when to wear personal protective equipment (PPE).

Any exceptions to this policy must be proposed by an appropriate line manager either on an individual basis or for a defined group. This must be agreed by the Executive Lead for the Service.

Any member of staff who wishes to wear particular types of clothing or jewellery for religious or cultural reasons must raise this with their line manager who will not unreasonably withhold approval.

Scope and Purpose of Policy

This policy will ensure staff are aware of the importance of a professional appearance and appropriate dress for their role.

This policy is evidence based and incorporates national guidance and local risk assessment.

This policy will be implemented Trust wide.

This policy will be used in conjunction with other Infection Prevention and Control Policies, Health and Safety policies and Equality and Diversity guidance.

This policy will assist members of staff to:

- Ensure they are given maximum protection
- Reduce the risk of cross infection
- Ensure they reflect the high standards of professionalism expected by the Trust

The policy applies to all members of staff working for, and on behalf of Kent Community Health NHS Foundation Trust. (KCHFT). These members of staff may work within our premises, patients own homes, or care settings owned by other agencies.
Useful Definitions:

Non-clinical Staff – any member of staff who do not have direct physical contact with a patient/client. E.g. receptionist, ward clerk, chef, administrator.

Clinical Staff – any member of staff who has direct physical contact with a patient/client. These staff may, or may not, wear a uniform e.g. physiotherapist, nurse, doctor, health care assistant, speech therapist. These staff must be bare below the elbow when providing hands on clinical care to patients.

Bare Below the Elbows (BBE) - applies to all clinical staff involved in patient contact and requires that:
- Sleeves must be short and above the elbows
- No Hand/Wrist Jewellery is to be worn. One plain band ring is the only exception
- Nails must be short and free from polish/varnish or nail extensions or false nails.

Governance Arrangements

<table>
<thead>
<tr>
<th>Directorate or Function Governance Group responsible for developing document</th>
<th>Infection Prevention and Control Assurance Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circulation group</td>
<td>Policy dissemination and StaffZone</td>
</tr>
<tr>
<td>Authorised/Ratified by Governance or Function Group</td>
<td>Quality Committee / Staff Partnership Forum</td>
</tr>
<tr>
<td>Authorised/Ratified On</td>
<td>February 2017</td>
</tr>
<tr>
<td>Review Date</td>
<td>February 2020</td>
</tr>
<tr>
<td>Review criteria</td>
<td>This document will be reviewed prior to review date if a legislative change or other event dictates.</td>
</tr>
</tbody>
</table>

Key References

- Department of Health (2010) Uniforms and Workwear: Guidance on uniform and workwear policies for NHS employers
- Royal College of Nursing (RCN) (2013) Guidance on Uniforms and Work Wear

Related Policies/Procedures

<table>
<thead>
<tr>
<th>Title</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>KCHFT Outbreak Policy</td>
<td>IPC004</td>
</tr>
<tr>
<td>KCHFT Equality and Diversity Policy</td>
<td>HR012</td>
</tr>
<tr>
<td>KCHFT Hand Hygiene Policy</td>
<td>IPC003</td>
</tr>
<tr>
<td>KCHFT Disciplinary Policy</td>
<td>HR004</td>
</tr>
</tbody>
</table>
### Document Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Status</th>
<th>Date</th>
<th>Issued to/approved by</th>
<th>Comments / summary of changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.1</td>
<td>Draft</td>
<td>January 2013</td>
<td>Infection Prevention and Control Assurance Group</td>
<td>Change format from standard to policy</td>
</tr>
<tr>
<td>0.2</td>
<td>Draft</td>
<td>March 2013</td>
<td>[staff names removed]</td>
<td>Addition of cross reference to past cases in law.</td>
</tr>
<tr>
<td>0.4</td>
<td>Draft</td>
<td>19 April 2013</td>
<td>Focus group</td>
<td>Removal of ‘without pay’ for staff non compliance. Re-wording of some statements.</td>
</tr>
<tr>
<td>0.5</td>
<td>Draft</td>
<td>8 May 2013</td>
<td>Staff partnership forum</td>
<td>Addition of overcoats for community staff</td>
</tr>
<tr>
<td>0.6</td>
<td>Draft</td>
<td>16 May 2013</td>
<td>Focus group</td>
<td>Addition of audits and appendices</td>
</tr>
<tr>
<td>0.7</td>
<td>Draft</td>
<td>29 May 2013</td>
<td>Staff Partnership Forum</td>
<td>Addition of definition of clinical and non clinical staff</td>
</tr>
<tr>
<td>1.0</td>
<td>Approved</td>
<td>4 June 2013</td>
<td>Quality Committee</td>
<td>Published</td>
</tr>
<tr>
<td>2.0</td>
<td>Draft</td>
<td>March 2016</td>
<td>IPC Committee 15.1.2016</td>
<td>Renamed Professional Appearance Policy, aligned to Trust values/behaviours References updated, guidance on appropriate wear in extreme weather conditions Removal of appendices: focus group meeting notes and Bare Below Elbow consultation with staff.</td>
</tr>
<tr>
<td>3.0</td>
<td>Draft</td>
<td>November 2016</td>
<td>IPCT</td>
<td>Added In 3.1.1 the wearing of a Kara bangle for religious purposes and uniform appendix</td>
</tr>
<tr>
<td>3.1</td>
<td>Draft</td>
<td>January 2017</td>
<td>Quality Committee</td>
<td>Feedback from Engagement team inserted section 2.3.10 on Uniforms and transgender.</td>
</tr>
<tr>
<td>3.1</td>
<td>Approved</td>
<td>February 2017</td>
<td>Quality Committee, Virtual ratification.</td>
<td>New Trust logo added. Formatting tidied. Contact details at 1.9.8 updated. Published.</td>
</tr>
<tr>
<td>3.2</td>
<td>Final</td>
<td>August 2017</td>
<td>Deputy Head Infection Prevention and Control</td>
<td>Minor amendments, see summary below.</td>
</tr>
</tbody>
</table>

### Summary of Changes

Removed from Appendix 4:

a) Uniform fabrics must be capable of withstanding water temperatures of at least 60°C and tumble drying (RCN 2013).
b) A 10 minute wash at 600C is sufficient to remove almost all micro-organisms, including C. difficile (DH 2010);
# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXECUTIVE SUMMARY</td>
<td>2</td>
</tr>
<tr>
<td>1.0 INTRODUCTION</td>
<td>6</td>
</tr>
<tr>
<td>2.0 ROLES AND RESPONSIBILITIES</td>
<td>9</td>
</tr>
<tr>
<td>3.0 STANDARDS FOR DRESS</td>
<td>11</td>
</tr>
<tr>
<td>4.0 STANDARDS FOR PERSONAL APPEARANCE</td>
<td>15</td>
</tr>
<tr>
<td>5.0 BEHAVIOURS</td>
<td>16</td>
</tr>
<tr>
<td>6.0 IDENTIFICATION BADGES</td>
<td>17</td>
</tr>
<tr>
<td>7.0 LAUNDERING OF UNIFORMS AND CLOTHING</td>
<td>17</td>
</tr>
<tr>
<td>8.0 TRAINING AND AWARENESS</td>
<td>18</td>
</tr>
<tr>
<td>9.0 MONITORING COMPLIANCE AND EFFECTIVENESS OF THIS POLICY</td>
<td>18</td>
</tr>
<tr>
<td>10.0 GLOSSARY AND ABBREVIATIONS</td>
<td>18</td>
</tr>
<tr>
<td>APPENDIX 1 UNIFORM MONITORING FORM (1)</td>
<td>19</td>
</tr>
<tr>
<td>APPENDIX 2 UNIFORM MONITORING FORM (2)</td>
<td>20</td>
</tr>
<tr>
<td>APPENDIX 3 LAUNDERING OF UNIFORMS DURING AN OUTBREAK</td>
<td>21</td>
</tr>
<tr>
<td>APPENDIX 4 GUIDANCE FOR STAFF REGARDING THE WASHING OF UNIFORMS AND WORK WEAR (DH, 2010)</td>
<td>22</td>
</tr>
<tr>
<td>APPENDIX 5 UNIFORMS</td>
<td>23</td>
</tr>
</tbody>
</table>
1.0 INTRODUCTION

1.1 Kent Community Health NHS Foundation Trust (KCHFT) recognises that an important aspect of providing health care services is the confidence that our patients and the public have in our ability to deliver high quality services in a professional manner. The appearance, behaviours and standards of dress of members of staff can influence this confidence. KCHFT is therefore committed to creating a positive and professional image to promote confidence whilst taking account of health and safety, infection control and security issues closely linked to appearance.

1.2 This policy has therefore been designed not only to support good practice with regard to health and safety, infection control and security but also to promote standards of professional appearance that will engender a positive and professional image of KCHFT as a provider of high quality care.

1.3 This policy describes KCHFT’s expectations in relation to the professional appearance of all members of staff, and clarifies standards for behaviours, appropriate uniform and work-wear, the care of uniforms, personal appearance including the wearing of jewellery, body artwork, nail polish/false nails and the wearing of identification badges. All members of staff are expected to present themselves in an appropriate and professional manner to patients/clients, members of the public and colleagues in line with the standards detailed within this policy and KCHFT’s Values into Action Framework which sets out the desired behaviours from members of staff.

1.4 Care should be taken in the application of this policy to avoid discrimination and therefore account should be taken of KCHFT’s Equality and Diversity Policy.

1.5 This policy should be read in conjunction with Health and Safety policies, guidance and documents which relate to the wearing of protective equipment and KCHFT’s Infection Prevention and Control Policies and Guidelines which deal with the use of personal protective equipment and best practice in relation to outbreak control.

1.6 In addition to this core policy, some departments within KCHFT may have specialist guidelines which reflect their particular needs e.g. theatre, catering departments, Learning Disabilities and some outreach services. These local guidelines will compliment this policy.

1.7 This policy is not exhaustive in defining acceptable standards of appearance, behaviours and dress, but KCHFT expects all member of staff to dress and behave appropriately, safely and professionally at all times. Failure to adhere to this policy or any associated local guidelines/protocols may result in disciplinary action being taken in accordance with KCHFT’s Disciplinary Policy.

1.8 Equality, Diversity and Inclusion
All staff working under this policy are expected to adhere to Accessible Information Standards. There are five basic steps which make up the Accessible Information Standard:

1. **Ask**: identify / find out if an individual has any communication / information needs relating to a disability or sensory loss and if so what they are.
2. **Record**: record those needs in a clear, unambiguous and standardised way in electronic and/or paper based record/administrative systems/documents.

3. **Alert / flag / highlight**: ensure that recorded needs are ‘highly visible’ whenever the individual’s record is accessed, and prompt for action.

4. **Share**: include information about individuals’ information/communication needs as part of existing data sharing processes (and in line with existing information governance frameworks).

5. **Act**: take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it.


1.8.1 Communication and the provision of information are essential tools of good quality care. All patients, carers and staff should be given full assistance to ensure understanding. This assistance will take many forms and media. These principles should be enshrined in all formal documents.

1.8.2 Kent Community Health NHS Foundation Trust is committed to ensuring that patients whose first language is not English receive the information they need and are able to communicate appropriately with healthcare staff. It is not appropriate to use children under the age of 16 to interpret for family members who do not speak English. There is an interpreter service available and staff should be aware of how to access this service.

1.8.3 The privacy and dignity rights of patients must be observed whilst enforcing any care standards e.g. providing same sex carers for those who request it. (Refer to Privacy and Dignity Policy).

1.8.4 All forms of communication (e.g. sign language, visual aids or other means) which ensures the patient understands should be considered. Publications in different languages or different formats can be produced through the Communications and Engagement Team and a translation service should be made available where required.

1.8.5 Staff must be aware of personal responsibilities under Equality legislation, given that there is a corporate and individual responsibility to comply with Equality legislation. This also applies to contractors when engaged by the Trust, for NHS business.

1.9 **Equality Analysis**

1.9.1 Kent Community Health NHS Foundation Trust is committed to promoting and championing a culture of diversity, fairness and equality for all our staff, patients, service users and their families, as well as members of the public.

1.9.2 Understanding of how policy decisions, behaviour and services can impact on people with ‘protected characteristics’ under the Equality Act 2010 is key to ensuring quality and productive environments for patient care and also our workforce.

1.9.3 **Protected Characteristics under the Equality Act 2010 are:**

   - Race
   - Disability
• Sex
• Religion or belief
• Sexual orientation (being lesbian, gay or bisexual)
• Age
• Gender Re-assignment
• Pregnancy and maternity
• Marriage and civil partnership

1.9.4 To ensure full involvement and understanding of the patient and their family in the options and decision making process about their care and treatment, all forms of communication (e.g. sign language, visual aids, interpreting and translation, or other means) should be considered and made available if required.

1.9.5 The privacy and dignity (human rights) of patients must be considered alongside any care standards, in recognition of the fundamental link between good health care and equality.

1.9.6 It is also important for the Trust to look to the future and ensure that it remains equitable and accessible to all, by considering elements that may be outside current legislation, such as financial deprivation, educational discrimination, class exclusion and many other elements.

1.9.7 Members of staff who require to wear something that potentially contravenes this policy, for example for religious reasons (please note, the Department of health provides specific advice on ‘Muslim Spiritual care Provision in the NHS’), culture or perhaps due to disability, should discuss this in confidence with their line manager and due consideration will be given.

1.9.8 The Equality Analysis for this policy is available upon request by contacting the Engagement Team via kchft.equality@nhs.net.

2.0 ROLES AND RESPONSIBILITIES

2.1 Trust Board

2.1.1 Ensure that the Professional Appearance Policy is implemented across all areas and that all Managers are aware of their roles and responsibilities under the policy.

2.1.2 Ensure that there are sufficient resources available for members of staff to have uniforms where appropriate.

2.2 Managers

It is the duty of the Manager to:

2.2.1 Lead by example and ensure that this Policy is implemented within their area of responsibility and members of staff are aware of the policy and any other departmental guidance relevant to their area of work.

2.2.2 Endeavour to maintain a safe and healthy working environment, including the use of personal protective equipment.
2.2.3 Address any concerns raised by a member of staff where they believe that their personal requirements or circumstances are not being met in relation to this policy thereby seeking to avoid any discriminatory practices.

2.2.4 Ensure that members of staff are aware of and have access to the correct uniform for their area of work.

2.2.5 Take appropriate action where a member of staff does not comply with the standards and requirements of this policy.

2.2.6 Ensure members of staff have been allocated an appropriate number of uniforms. For part-time staff this will be on a pro-rata basis, depending on the number of shifts worked as follows:

- One shift per week – one tunic/pair of trousers or one dress
- Two shifts per week – two tunics/one pair of trousers or two dresses (or combination)
- Three shifts per week – three tunics/two pairs of trousers or three dresses (or combination)
- Four shifts per week – four tunics/two pairs of trousers or four dresses (or combination)
- Five shifts per week or more – five tunics/three pairs of trousers or five dresses (or combination)
- Bank members of staff who are required to wear uniform will initially be issued with two sets of uniform. A maximum of 5 uniforms may be provided (depending on number of shifts worked).

2.3 Members of Staff

It is the duty of the member of staff to:

2.3.1 Adhere to this policy and any departmental guidance for their area of work on uniform and dress.

2.3.2 Contribute to the maintenance of a safe and healthy working environment for themselves and others by wearing the appropriate uniform or dress for the area in which they are working. This includes any personal protective equipment relevant to their role.

2.3.3 Raise any concerns with their manager where they believe that their personal requirements or circumstances are not being met in relation to this policy.

2.3.4 Dress and present themselves in a manner, which promotes a professional image and enhances the standard of care and the reputation of KCHFT.

2.3.5 Regularly check their uniform and ensure that it remains in good condition reporting any concerns to their manager promptly including requests for replacement uniforms.

2.3.6 Take care of uniforms issued to them and prevent unauthorised use by others.

2.3.7 Return any uniforms to their line Manager in a clean state when no longer required.
2.3.8 Reduce the risk of infection and also promote a professional image by not wearing their uniform whilst off duty.

2.3.9 Report any incidents of unacceptable behaviour or inappropriate uniform or dress to their line Manager.

2.3.10 Transgender staff (that is, individuals who have proposed, commenced or completed reassignment of gender) enjoy legal protection against discrimination. At all times the way they dress, and the name and pronouns that they use will be respected. It does not depend upon their having a gender recognition certificate (GRC) or legal name change.

2.3.11 Decisions about what uniform or own clothes to wear should be made according to the wishes of the staff member, provided they are in keeping with this appearance policy. If new uniform is required, managers should then comply with the staff member’s preference immediately, or as soon as practicable.

2.3.12 Further information regarding Kent Community Health NHS Foundation Trust policy in relation to Transgender People can be found in section 3 of the Privacy and Dignity Policy.

3.0 STANDARDS FOR DRESS

3.1 Uniformed Staff Providing Clinical Care

3.1.1 All members of staff must be bare below elbow – i.e. no wrist jewellery, only one plain band ring and short sleeves to facilitate hand hygiene. Finger nails must be short and free from polish/varnish/gel/shellac or nail extensions, such as acrylic nails.
Kara bangles worn for religious purposes will be accepted providing the staff member can move the bangle up/down the wrist in order for hand hygiene to occur around the wrist area.

3.1.2 Clinical members of staff needing to wear a wrist and/or hand support or other support below their elbow due to disability or injury must be able to remove this to carry out hand hygiene in the clinical setting.

3.1.3 A freshly laundered uniform must be worn each day.

3.1.4 Members of staff coming into close contact with patients should not carry pens, scissors or other items in pockets where they may cause harm to the patient e.g. breast pocket. If possible, uniforms without this type of pocket should be sourced.

3.1.5 Members of staff should not wear cardigans or jackets when in the patient care environment or when delivering patient care. White coats, or other long sleeved garments, are not permitted in the clinical care environment as they impede the ability to carry out hand hygiene effectively.

3.1.6 When a coat is needed for members of staff who wear a uniform in the community a dark coloured jacket may be worn over the uniform.
3.1.7 In extreme weather conditions i.e. very hot weather, members of staff who usually wear trousers as part of their uniform are able to wear shorts if they wish, as long as:
- they are no shorter than just above the knee
- they are tailored and do not restrict movement (no leggings or tight shorts)
- they are the same colour as the uniform’s trousers

3.1.8 Staff comfort during extreme weather conditions should be discussed with the line Manager. Variations to the usual uniform requirements for this reason will not be unreasonably refused provided they do not compromise patient safety, infection prevention, security or a professional appearance.

3.1.7 Chains/necklaces are not permitted for members of staff delivering clinical care. Where lanyards are worn to display the staff ID badge they must be out of patient reach during clinical activity.

3.1.8 An SOS necklace may be worn by members of staff to indicate the existence of a medical condition i.e. epilepsy/diabetes etc. When undertaking clinical procedures this must be tucked inside clothing to prevent injury (RCN 2013 p7).

3.1.9 Uniforms should not be worn outside of work or whilst off duty. This will reduce the risk of cross infection and encourage public confidence. Exceptions are for direct travel to and from the place of work where no changing facilities are available. Members of staff working in a community setting should wherever possible avoid undertaking non-work related activity whilst still in uniform. Exceptions are for obtaining fuel / refreshments during the working day when uniforms should be covered.

3.1.10 Where uniform trousers have been supplied these must be worn (not staff’s own trousers).

3.1.11 Uniforms which are no longer in good repair should be returned to the Manager for replacement.

3.1.12 If the uniform becomes contaminated by body fluids/blood it must be changed immediately or as soon as is practicably possible.

3.1.13 Footwear should be professional and fit for the type of duties to be undertaken. Members of staff working in clinical, catering or domestic areas should refer to any departmental guidance for their area of work. When wearing uniform black/blue shoes should be worn which have an enclosed toe and with a heel of no more than 2”. Tights/stockings when worn with uniform should be neutral, brown or black. Socks should be a dark colour. No multi-coloured versions will be permitted. Therapists may wear trainers whilst working in physiotherapy gyms or other therapy areas. Soles of shoes should be thick enough to avoid becoming pierced. Open toed sandals are not permitted when providing clinical care. Staff visiting patients in their own homes should not remove their shoes if requested by the patient/relative or carer as this impacts upon staff responsibilities under Health and Safety Legislation, Infection Prevention and Control guidelines and Local Security Protocols in circumstances where staff need to exit the premises under duress. To assist staff when such requests are made, services should make protective shoe covers available.
3.1.14 Ornamental Buckles are not permitted on uniforms when undertaking clinical practice; belts should only be worn in the clinical area if laundered daily. Any buckles must be decontaminated daily.

3.1.15 Please also refer to Section 3.5 and 4.0 in this policy on ‘Principles of Good Practice’ and ‘Standards for Personal Appearance’ for more information.

3.2 Non Uniformed Staff Providing Clinical Care

3.2.1 All members of staff must be bare below elbow – i.e. no wrist jewellery, only one plain band ring and short sleeves to facilitate hand hygiene. Finger nails must be short and free from polish/varnish/gel/shellac or nail extensions, such as acrylic nails.

3.2.2 Freshly laundered clothing should be worn each day.

3.2.3 All clothing must be easily laundered to aid compliance with this policy e.g. Dry Clean only clothing may be unsuitable for cleaning if it becomes contaminated with blood/body fluids.

3.2.4 Staff coming into close contact with patients should not carry pens, scissors or other items in pockets where they may cause harm to the patient e.g. breast pocket.

3.2.5 Logos, midriff and underwear must not be visible. Clothing should be comfortable to allow movement.

3.2.6 Staff should not wear cardigans or jackets when in the patient care environment or when delivering patient care.

3.2.7 Chains/necklaces are not permitted for staff delivering clinical care. Where lanyards are worn to display the staff ID badge they must be out of patient reach during clinical activity.

3.2.8 An SOS necklace may be worn by staff to indicate the existence of a medical condition i.e. epilepsy/diabetes etc. When undertaking clinical procedures this must be tucked inside clothing to prevent injury (RCN 2013 p7).

3.2.9 Ties or other neck or head wear which may come into contact with the patient or their close environment must not be worn during clinical work. If it is not possible to remove a tie it must be tucked in during clinical work. Other head/face wear should be discussed with the Line Manager or person in charge of the clinical area and will be subject to risk assessment based on the activity undertaken (RCN 2013 p7 and 9)

3.2.10 Footwear must have a fully closed toe, a hard sole and be secured at the heel.

3.2.11 Please also refer to Section 3.5 and 4.0 in this policy on ‘Principles of Good Practice’ and ‘Standards for Personal Appearance’ for more information.
3.3 Staff Working Within the Patient Care Environment Who Do Not Provide Clinical Care (e.g. housekeeping staff, porters)

3.3.1 Clean clothing should be worn each day.

3.3.2 Where a uniform is worn e.g. domestic or catering staff, the appropriate guidance for uniforms must be applied (see above).

3.3.3 Clothing should be easily laundered in case of soiling or infection within the area for staff convenience.

3.3.4 Logos, midriff and underwear must not be visible. Clothing should be comfortable to allow movement.

3.3.5 Please also refer to section 3.5 and 4.0 in this policy on ‘Principles of Good Practice’ and ‘Standards for Personal Appearance’ for more information.

3.4 Staff Working Outside of the Patient Care Environment (and not providing clinical care)

3.4.1 Clean clothing should be worn each day.

3.4.2 Logos, midriff and underwear must not be visible. Clothing should be comfortable to allow movement.

3.4.3 Please also refer to section 3.5 and 4.0 in this policy on ‘Principles of Good Practice’ and ‘Standards for Personal Appearance’ for more information.

3.5 Principles of Good Practice

3.5.1 Clothing worn at work, including uniforms, should encourage public trust and confidence in the members of staff of KCHFT. Clothing should be safe, practical and reflect the type of work to be undertaken.

3.5.2 KCHFT provides patient and public focused services and members of staff should not, therefore, wear inappropriate clothing to work. This includes extreme styles of fashion and footwear e.g. flip flops, clothing which exposes the abdomen or underwear, see through garments or garments of extreme length e.g. short skirts, hot pants. Casual clothing, leisurewear, denim and fashion garments with excessive zips, belts, chains, rips and pockets, e.g. combat trousers, jeans or leggings should not be worn whilst at work.

3.5.3 Uniforms are for the use of the member of staff to whom they have been issued. In the interests of security and the safety of patients and members of staff, unauthorised individuals are not permitted to use or wear Trust uniforms. All uniforms must be handed in to the line manager prior to leaving the organisation.

3.5.4 Work clothing and uniforms should be fit for purpose for the duties being undertaken i.e. meet the moving, handling and ergonomic requirements of the member of staff’s role.

3.5.5 Work clothing and uniforms should be kept clean in order to reduce the risk of cross infection and also to maintain a professional image.
3.5.6 All uniforms within clinical areas must have short sleeves and staff must be bare below the elbow to meet infection control requirements.

3.5.7 Personal Protective Equipment: All staff must comply with the Trust's Personal Protective Equipment Policy and all Health and Safety Policies, COSHH Legislation, Infection Control Policy and procedures and Food Hygiene Legislation and other statutory duties.

4.0 STANDARDS FOR PERSONAL APPEARANCE

4.1 General Appearance

4.1.1 Members of staff must maintain a high level of personal hygiene presenting a clean, neat, tidy, smart, safe, practical and professional appearance at work. Staff should be mindful of any strong smells on their work wear such as perfume or cigarette smoke.

4.1.2 Items that cover the face are not permitted e.g. sunglasses. This is to ensure the member of staff is identifiable to patients, visitors and colleagues. Staff who wear sunglasses for driving must ensure they are removed prior to patient contact.

4.1.3 Staff who cover their head or face for religious reasons e.g. turban or hijab should ensure this does not affect their ability to carry out their role. A turban, if fitted tightly and laundered properly places no risk to health and safety or infection control risk for non-clinical staff. Also a “sports” hijab has been chosen by Muslim female staff in other NHS Trusts. Closer assessment or risk assessment should be made locally, where clinical staff wear these and dependant on their role.

4.1.4 Chewing gum is not permitted whilst on duty at work.

4.2 Hair

4.2.1 Members of staff should ensure that their hair is clean, neat and tidy, and worn off the face and shoulders when they are working in clinical, catering or domestic areas of work. In these circumstances, hair should be tied up off the collar securely with a plain unadorned hair accessory. Extreme hair colours are not permitted.

4.2.2 Facial hair should be kept short and neat or secured so it does not impede on safe patient care.

4.3 Jewellery

4.3.1 For personal and patient safety and infection control reasons the wearing of jewellery is restricted in certain areas e.g. clinical, catering, domestic etc, for clinical staff with patient contact. One plain band ring with a smooth surface may be worn, Engraving, stones of any kind (even inset) or detailing are not permitted as this impedes hand hygiene efficacy.
4.3.2 To ensure satisfactory hand washing techniques and to prevent cross-infection wrist watches must not be worn in clinical areas or by clinicians during ‘hands on’ patient contact in a non clinical setting. Wearing a fob watch is advised as an alternative for clinical staff where appropriate. If worn, a fob watch should be of the plastic covered variety so it can be easily decontaminated and positioned on the uniform so that it does not compromise patient or staff safety.

4.4 **Body Art and Body Piercing**

4.4.1 Wherever possible, members of staff should avoid exposing body artwork whilst at work. Body art which could be perceived as offensive or unprofessional e.g. swear words, nakedness, and offensive symbols or that which is not concealed by clothing must be covered unless this breaches bare below elbows (BBE). If offensive body art cannot be covered by clothing due to BBE then it must be covered with other products that can be removed and replaced for hand hygiene, e.g. plasters. Those considering new body art should bear in mind professional image and discuss with their Line Manager if there are concerns.

4.4.2 Ear and other facial piercing can be associated with bacterial shedding. One pair of small plain studs only can be worn in the ears for clinical duties – uniform or non-uniformed staff. All other piercings must be removed or covered.

4.4.3 Make-up should be discreet and not excessive.

4.5 **Nails**

4.5.1 Nails must be kept clean and short and be an appropriate length for the work environment.

4.5.2 Nail polish, gel, shellac or false nails must not be worn on duty where this adversely affects a member of staff’s ability to carry out their duties effectively and/or where this would compromise health and safety or infection control. Clinical, catering or domestic staff must not wear nail polish and/or false nails as these have been shown to act as a reservoir to microorganisms, can harm patients and can reduce the effectiveness of hand hygiene techniques.

5.0 **BEHAOIOURS**

5.1 A key aspect of delivering high quality care is treating our patients well, by acting in accordance with our values into action and demonstrating professional attitudes and behaviours at all times when presenting ourselves to patients, service users, members of the public and other colleagues.

5.2 Alongside any relevant professional codes of conduct, all members of staff working in KCHFT services are expected to adhere to the following:

5.2.1 Communicate effectively and appropriately, both verbally and non-verbally. This includes:

- Always introducing yourself to patients and the public using the principles of the ‘Hello my name is …’ campaign and asking how they would prefer to be addressed.
• Listening attentively and showing interest.
• Sharing correct and clear information, avoiding the use of jargon, in a manner appropriate to the individual.
• Treating patients as individuals, maintaining eye contact and directing information to the person concerned.
• Being aware of the messages conveyed by body language (avoiding shrugging, crossing arms and having hands in pockets which can be associated with poor communication).
• Checking the other person’s understanding of what you are communicating.
• Building positive relationships by showing respect, not being rude and being mindful of the appropriateness of using humour.

5.2.2 Behaving in a professional and caring manner which includes:

• Demonstrating a welcoming and friendly approach.
• Being polite, courteous, patient and understanding even when faced with difficulties.
• Being prepared for any interactions and displaying confidence and knowledge in your ability to reassure patients.
• Respecting others personal space, privacy and dignity, and being sensitive to a patient’s environment.

6.0 IDENTIFICATION BADGES

6.1 KCHFT identity badges must be worn and be visible at all times whilst at work. However, if with the approval of a manager it is felt that it is not appropriate to wear a badge in plain sight when accompanying clients for reasons relating to privacy and dignity, then the member of staff should still have the badge on their person, even if not displayed.

6.2 Members of staff must not provide their own fixtures for their identification badges. Only KCHFT approved quick releasing lanyards and fixtures which comply with the Health and Safety guidelines for each individual service will be provided.

6.3 All ID badges, lanyards or clips must be kept clean and should be decontaminated using a detergent wipe when required.

6.4 Only work related badges should be worn e.g. professional organisation, qualification should be worn. Which badges are acceptable is at the discretion of the manager. Excessive numbers of badges should be avoided. Badges should be decontaminated frequently using a suitable detergent wipe.

7.0 LAUNDERING OF CLOTHING AND UNIFORMS

7.1 A clean uniform or outfit must be worn on each shift. Uniforms and clinical workwear should be laundered separately from the main domestic wash. Biological detergent should be used if possible.

7.2 Drying can be either on a line or in a tumble drier depending on the care instructions. When dried the uniform / work wear should be ironed also adhering
to garment instructions. This maximises removal of contaminating microorganisms.

7.3 Any head covering garments deemed acceptable by line managers e.g. worn for religious reasons, must be washed or changed daily. If headscarves are worn due to health reasons, these must be worn tightly and laundered or changed daily (RCN 2013 p7).

7.4 Uniforms must be carried separately to and from work. A disposable bag should be used to carry soiled uniforms for laundering – a separate bag should be used to carry clean uniforms to avoid contamination.

7.5 See Appendix 3 & 4 for further guidance on the laundering of uniforms.

7.6 Members of staff may be able to claim tax relief on the cost of cleaning their uniform, further information can be found on https://www.gov.uk/tax-relief-for-employees/uniforms-work-clothing-and-tools.

8.0 TRAINING AND AWARENESS

8.1 At commencement of employment members of staff will be made aware of guidance on professional appearance and uniform expectations during local induction.

8.2 This policy will be available to all staff on the Trust’s intranet and via their line manager.

9.0 MONITORING COMPLIANCE AND EFFECTIVENESS OF THIS POLICY

9.1 Managers will monitor the implementation of this policy in all areas within their control and ensure that regular audit are conducted. Recommended frequency - minimum monthly.

9.2 Bare below elbows compliance will be monitored monthly by nominated individuals on behalf of the Head of Service/Team Leader.

9.3 See Appendices 1 and 2 for a choice of monitoring tools.

10.0 GLOSSARY AND ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>KCHFT</td>
<td>Kent Community Health NHS Foundation Trust</td>
</tr>
<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
</tr>
<tr>
<td>BBE</td>
<td>Bare Below Elbows</td>
</tr>
</tbody>
</table>
Appendix 1

**UNIFORM MONITORING FORM**

<table>
<thead>
<tr>
<th>Date of Uniform Check</th>
<th>Number of Staff Checked</th>
<th>% Correct Trousers/ Tunic Worn</th>
<th>% Appropriate Foot Wear Worn</th>
<th>% Appropriate Jewellery Worn</th>
<th>% Hair Tied Back Appropriately</th>
<th>% Uniform Clean in Appearance</th>
<th>% Appropriate Nails</th>
<th>% Appropriate ID Worn</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Actions Required**

**Date Actions Completed**

Signed: ........................................ Print Name: ..............................................................

Job Title: .................................................... Team: .........................................................

Department: .................................................. Date: ..........................................................
### APPENDIX 2
**UNIFORM MONITORING FORM**

<table>
<thead>
<tr>
<th>Team:</th>
<th>Site:</th>
<th>Date:</th>
<th>Carried out by:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Staff Initials or Number</th>
<th>Clean uniform if worn</th>
<th>Bare below the elbow</th>
<th>No jewellery</th>
<th>Hair tied back if long</th>
<th>Short fingernails no varnish or extensions</th>
<th>Suitable footwear</th>
<th>Identity badge worn</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
<tr>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
<tr>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
<tr>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
<tr>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
<tr>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
<tr>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
<tr>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
<tr>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
<tr>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
<tr>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
</tbody>
</table>

* **YES/NO delete as appropriate**

---

**Action Required**

<table>
<thead>
<tr>
<th>Date Completed</th>
</tr>
</thead>
</table>

---
APPENDIX 3

Uniform Protocol during an Outbreak of Infection.

1. During an outbreak staff should not wear their uniforms to or from the work place.

2. Staff should change into their uniform on arrival to their work base, e.g. ward, clinic, other place of work.

3. Staff should then change out of their uniform at the end of their working day prior to leaving their work base, placing their uniform into a disposable laundry bag, (Refer to staff outbreak folder for further information on dissolvable laundry bags).

4. The dissolvable laundry bag provides a sealed unit for safe transportation of staff uniforms that may have come in contact with a known infection.

How the Bag Works.

1. The bag has a soluble external membrane covering the seam with a pink soluble tie.

2. The bag is white with a blue stripe (as per HSG (95) 18, basic instructions are provided with the bag.

3. Put the uniform into the bag and seal with the pink tie; do not knot the bag.

4. The bag goes into the domestic washing machine unopened.

5. Add biological detergent as advised for chemical disinfection.

Cold or hot water will dissolve the external seam and tie to release the washing into the drum.

At the end of the wash, the bag must be removed and put into domestic waste as it is now clean.

It is recommended that no other articles of clothing are added to allow full agitation, rinsing and dilution.
APPENDIX 4

Guidance for Staff Regarding the Washing of Uniforms and Work Wear (DH, 2010)

All elements of the washing process contribute to the removal of micro-organisms on fabric. Detergents (washing powder or liquid) and agitation release any soiling from the clothes, which is then removed by sheer volume of water during rinsing. Temperature also plays a part.

- Uniforms and clothing worn for work should be washed at the hottest temperature for the fabric (DH 2010);
- The washing machine drum should not be overloaded otherwise the efficiency of the wash will be reduced;
- Heavily soiled uniforms should be washed separately, and at the highest possible temperature, in order to eliminate any possible cross-contamination from high-levels of soiling;
- Home washing-machines and tumble dryers should be cleaned regularly as dirty or underperforming machines may lead to contamination of clothing (although no published evidence that this presents an infection risk);
- Hand-washing of uniforms is unacceptable and should not be undertaken (DH 2010, RCN 2013)
- Uniforms should be carried separately from other items – clean and dirty uniforms must not be transported together.
# APPENDIX 5 UNIFORMS

<table>
<thead>
<tr>
<th>Staff type</th>
<th>Band if relevant</th>
<th>Trousers/Top and Colour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receptionists/Administrators (as deemed appropriate for staff already wearing uniform)</td>
<td>Blouse</td>
<td>A dress or if a tunic to be worn with blue/black trousers</td>
</tr>
<tr>
<td>Staff type</td>
<td>Band if relevant</td>
<td>Trousers/Top and Colour</td>
</tr>
<tr>
<td>Open university students</td>
<td>White purple trim</td>
<td></td>
</tr>
<tr>
<td>Apprentices</td>
<td>White strip purple trim</td>
<td></td>
</tr>
<tr>
<td>Nurses</td>
<td>Purple tunic no piping</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Pale blue/white piping</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Pale blue/navy piping</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Navy/white piping</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Navy/red piping</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Navy/red piping</td>
<td></td>
</tr>
<tr>
<td>Chief Nurse and Deputy</td>
<td>Black with white trim</td>
<td></td>
</tr>
<tr>
<td>MIU</td>
<td>As band for nursing or scrubs</td>
<td></td>
</tr>
<tr>
<td>AHPs</td>
<td>Pale Blue/White polo shirt or tunic</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Pale Blue/White polo shirt or tunic</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Pale Blue/White polo shirt or tunic</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Pale Blue/White polo shirt or tunic</td>
<td></td>
</tr>
<tr>
<td>Occupational therapists</td>
<td>Polo/Tunic white with green trim/green trousers</td>
<td></td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>Polo/Tunic white with navy trim</td>
<td></td>
</tr>
<tr>
<td>Dietetics</td>
<td>Pale blue polo</td>
<td></td>
</tr>
<tr>
<td>Podiatry</td>
<td>Scrubs</td>
<td></td>
</tr>
<tr>
<td>Radiography</td>
<td>White tunic with burgundy trim</td>
<td></td>
</tr>
<tr>
<td>Wheelchair</td>
<td>Black polo shirts</td>
<td></td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Polo shirt- varies by role</td>
<td></td>
</tr>
<tr>
<td>Phlebotomists</td>
<td>White with red trim</td>
<td></td>
</tr>
<tr>
<td>Hotel services</td>
<td>White with red trim</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Polo/shirt- Green/aqua- green trousers</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Polo/shirt-Blue- blue trousers</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Polo/shirt-Blue- blue trousers</td>
<td></td>
</tr>
<tr>
<td>Health Improvement Services</td>
<td>Black with writing on the reverse</td>
<td></td>
</tr>
</tbody>
</table>