

Uniform and Dress Code Policy

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Policy to be followed by (target employees): This policy is for all Trust employees (including students, agency etc.) working on all Trust sites.

To be read in conjunction with the following documents:

Disciplinary Policy and Procedures
 Induction Process and Mandatory Training Policy
 Dignity at Work Policy
 Grievance Procedure

CQC Fundamental standards:

Regulation 12 – Safe care and treatment
 Regulation 17 – Good governance
 Regulation 19- Fit and proper persons employed

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Policy Statement

This policy provides guidance to all Trust employees on the minimum standards of dress required in both clinical and non-clinical areas at all times.

This policy has been developed to ensure employees understand their responsibilities in relation to the standards of dress required to portray a professional image, whether in or out of uniform, at all times and the requirements under Infection Prevention and Control and Health and Safety legislation.

The policy complies with Uniforms and Work wear: guidance on uniform and work wear policies for the NHS employers, Department of Health March 2010, in addition to The Health and Social Care Act 2008 and sets out to maintain professional accountability, as defined by professional bodies/councils.

Purpose and Scope

This uniform and dress code includes:

- Dress standard for uniform-wearing and non-uniform employees
- Acceptable standard for clinical and non-clinical employees
- Correct and professional image for all employees

The Milton Keynes University NHS Foundation Trust expects all employees dress and appearance to reflect a professional image, which will promote confidence in patients, visitors, clients and colleagues. All employees of the Trust are ambassadors for the Trust and it is recognised that their appearance acts as a visual measure of how the public views the Trust.

The Uniform and Dress Code Policy is mandatory and applies to all Trust employees, both clinical and non-clinical, ensuring that high standards of personal presentation and professional image in the workplace are maintained at all times, and that all uniforms are worn in the prescribed manner. This policy ensures that all employees adhere to the requirement to wear appropriate clothing, which minimises the risk of infection transfer, which forms a key part of maintaining patient and employees' safety, and provides confidence on this issue to patients, carers/relatives, visitors and fellow employees. It is also essential to ensure that the employees and Trust fully comply with the Health and Social Care Act 2008 (DH2015).

It should be noted that Agency and Contract workers will be provided with uniforms by their respective employers however, they must be made aware of this policy to ensure they comply with Health and Safety and Infection Prevention and Control requirements.

This policy has been subject to Equality Impact Assessment and no issues have been identified. The assessment is available via the Policy Governance Administrator.

Definitions

ADIPC refers to the Assistant Director of Infection Prevention Control

CCG refers to the Clinical Commissioning Group

DIPC refers to the Director of Infection Prevention Control

IPCT refers to Infection Prevention and Control Team

The Trust refers to Milton Keynes University Hospital NHS Foundation Trust

1.0 Roles and Responsibilities:

1.1 Chief Executive

The Chief Executive has overall responsibility for ensuring that the Trust has appropriate policies in place and that robust monitoring arrangements are embedded.

1.2. Chief Nurse, Director of Patient Safety, Infection Prevention and Control

The HR Department is accountable for the policy implementation overall. However, the Chief Nurse has the delegated accountability for ensuring Trust wide implementation of this policy and that appropriate arrangements to ensure robust Infection Prevention and Control and adherence to Health and Safety within the Trust are implemented.

1.2 Directors

All directors are responsible for the implementation of this policy within their respective directorates and for taking remedial action to address non-compliance.

1.3 Human Resources

In collaboration with the Assistant Director for Infection Prevention and Control (ADIPC), Heads of Nursing/Midwifery and the Health and Safety Advisor, the HR Department is responsible for the authorship of this policy and review in line with national and/or local directives providing assurance reports on compliance to the Infection Prevention and Control Committee on an annual basis.

1.4 Line Manager

The line manager is responsible for both the monitoring and implementation of this policy and for ensuring compliance; and for ensuring all new employees are aware of this policy as part of the local induction process.

If employees are required to wear uniform, it is the line manager's responsibility to ensure the employee is issued with the appropriate uniform/ personal protective equipment at the commencement of their employment to ensure they have the required changes and a clean uniform for each shift.

Where the employee requires replacement uniforms due to wear and tear or damage the line manager must ensure appropriate replacements are provided and that:

- All employees display the appropriate photographic identification badge and other Trust name badges at all times.
- Employees who do not wear a uniform comply with the standards within the policy.

1.4. Employees

Employees are responsible for ensuring that they are compliant with the provisions of this policy and procedure. Further to this, employees are responsible for ensuring that they present themselves in a manner that is professional, preserves the health and safety of their patients and colleagues, and is in line with the Trust's values.

2.0 Equality and Diversity

The dress code does not discriminate in respect of the protected characteristics outlined within the Equality Act (2010), which supports provision for transgender employees to wear clothing appropriate to their identified gender.

The Trust understands that for some employees, their gender identity may be fluid and/or may sit outside the binary of male and female. To ensure that this policy and procedure accommodates all employees, the uniform and dress requirements have not been gendered and provided that employees comply with the provisions of this policy and are wearing clothing/uniform that is relevant to their role, the Trust is supportive of employees dressing in a way that makes them feel comfortable in the workplace.

The Trust recognises diversity of cultures, religions and beliefs, and takes a sensitive approach to ensure that appropriate adjustments to the provision of this policy and procedure are made. Employees who are required to adapt their uniforms to reflect their beliefs must remain within Health and Safety Legislation and Infection Prevention and Control requirements.

3.0 Implementation and dissemination of document

Employees and other workers will be aware of this policy via their line managers, the Trust's intranet page and the Human Resources Department. The policy will be accessible to everyone through the Trust's intranet, departments where printed and by request to the Human Resources Department. This document will be published on the Trust Intranet.

3.1 Training

This policy is supported by education sessions. Information relating to uniform and dress code policy will be shared at interview and reinforced with all new starters as part of their local induction period. All clinical employees must undertake annual Trust infection control

Standards relating to this policy are included in Trust induction/mandatory sessions where Hand Hygiene and the use of Personal Protective equipment is a core element. This may also be incorporated in bespoke training sessions to clinical departments.

3.2 Monitoring compliance

Compliance with this policy will be monitored through:

Spot checks of dress code and uniform policy will be undertaken during the year, the outcomes of this will be reported to the relevant Directorate meetings for action.

The infection prevention and control team audit aspects of this policy as part of their audit programme, e.g. compliance with bare below the elbows.

All non-compliance is reported to the Senior Sister/ Manager at the time of audit. Remedial actions are expected to be shared via a report with a timescale for resolution.

Non-compliance with the policy will be managed via the appropriate HR process; this will be supported by the Director of Patient Safety, Performance and Quality, and the Medical Director.

4.0 Processes and Procedures

4.1 Requirement

4.1.1 All Employees

Item	Policy requirement
Identity	<p>All employees must wear a visible Trust approved name badge which states their name and designation.</p> <p>Employees working with children and young people may wear an additional name badge suitable for the age group being cared for.</p> <p>Photographic identification badges must be carried/ worn at all times and be presented as required.</p>
Professional	<p>Professional organisation or Trade Union and/or approved Trust or national campaign badges may be worn – for example Dementia Friends, Hand Hygiene champions. All badges must be removed in situations where they are likely to cause injury to patient, employees and visitors.</p>
Lanyards	<p>Lanyards must be the approved Trust lanyard (this includes Freedom to Speak up Guardian, Union, Dementia friends) designed to break/or fitted with a tug release to prevent strangulation.</p> <p>Badges/pins (magnetic or stick) must not be attached to the lanyards. Lanyards must be kept clean and replaced if visibly soiled.</p> <p>If undertaking clinical care, then the lanyard should be placed out of the way ideally in a pocket.</p>
Personal Hygiene	<p>All employees should maintain a high level of personal hygiene and appearance. Clothing should be clean and tidy and in a good state of repair.</p>
Headwear	<p>Turbans and kippots, veils (Christian or nikab) and headscarves (hijabs and jilbabs) are supported on religious grounds. The latter should be shoulder length, scarves must not drape freely when providing direct clinical care. If working clinically, these must be laundered on a daily basis and changed if they become contaminated as per IPC Standard Precautions Policy.</p>

4.1.2 Uniformed Employees

Item	Policy requirement
Students & Agency employees	<p>Students must wear the approved uniform (e.g. University) in accordance with their role in line with this policy.</p> <p>Agency employees must wear approved agency uniform.</p>
Tattoos	<p>Tattoos should be discretely concealed where possible. However, employees must ensure compliance with bare below the elbow and hand hygiene policy.</p>
Religious/ Cultural beliefs allowances	<p>The wearing of items for religious/ cultural reasons is in most circumstances welcomed by the Trust providing Health and Safety is not compromised.</p> <p>Employees who wear facial coverings for religious reasons are required to remove them whilst on duty. This is to ensure that employees are identifiable and to enhance engagement and communication with patients, visitors and colleagues.</p>
Tights and Socks	<p>Tights/ stockings must be worn and should be of a neutral colour or black/navy. During the months of May to September inclusive due to warm weather and following a discussion with the line manager (Team Leader, Senior Sister, Unit Manager) employees can remove their tights.</p> <p>Socks should be neutral with no bright logos.</p>
Trousers	<p>Full length trousers must be worn although the Trust recognises that some clinical activities require employees to wear shorts, i.e. in the physio gym or community physio settings.</p>
Vests	<p>Vests/ T-shirts must not be visible.</p>
Footwear	<p>Footwear must be black and low heeled, closed toe and heel with a soft sole. In addition, it should support the foot with non-slip soles (in order to be of low noise in clinical areas). There should be no logos or flashes.</p> <p>Maintained clean laces should match the shoe.</p> <p>Slip-on, lace-up, Velcro fastening styles are all acceptable. Trainers must be black or navy with no branding visible and should be of a material which is washable and or polished.</p> <p>Open toe shoes must NOT be worn in clinical practice in either the Trust or community setting.</p> <p>During warm weather a lighter weight closed toe and heel can be worn,</p>

	<p>however, employees must be aware of Health and Safety requirements of the role and ensure their footwear is reflective of this.</p>
Hair	<p>Long hair (below the collar level) must be tied back and put above the collar when working in a clinical setting. Hair fastenings should be minimal (size and type). Tied hair should not “swing” as this presents a safety hazard.</p>
Jewellery	<p>The Trust operates a ‘bare below the elbow’ policy for all employees (either in uniform or in non-uniform) when visiting or working in any clinical areas, or where direct patient contact is involved.</p> <p>All employees who enter/work in clinical areas must wear clothing which facilitates effective hand hygiene. Wrist watches and all below the elbow jewellery must be removed.</p> <p>Employees are permitted to wear a plain band ring or, where cultural obligation is indicated, the equivalent wrist band.</p> <p>One pair of stud earrings may be worn. However, hoops and dangling earrings are not permitted and must not be worn due to the attendant health and safety risks.</p> <p>Stretchers used in the ear lobe must be with a flesh coloured plug.</p> <p>Theatre employees must remove earrings/piercings prior to working in the theatre, as there is a risk these may fall into patients surgical wound areas.</p> <p>No necklaces, chains, bracelets or ankle chains to be worn; however, recognised medi-alerts are permitted providing the employee has discussed this with their line manager and Staff Health and Wellbeing, formerly known as Occupational Health.</p> <p>One discreet nose piercing may be worn; this must be small flat to the skin. No other hoops or other visible facial/body piercings are permitted.</p>
Finger nails	<p>Nails should be short, clean and tidy.</p> <p>Nail varnish and/or nail jewellery, acrylic and/or gel nails, including nail extensions, must not be worn for employees giving direct patient care, as these have been shown to act as a reservoir for gram-negative bacteria making hand hygiene ineffective.</p>
Make up	<p>Make up should be discreet. Perfume/deodorant/aftershave should be light.</p>
Stethoscopes	<p>Stethoscopes must not be worn around the neck unless being used for patient assessment.</p>

4.1.3 Non-Uniformed Employees

Where uniform is not a role requirement, employees should ensure that their clothes are suitable for work purposes, are always clean and in a good state of repair maintaining a standard of professionalism. They should be free from smells associated with cigarettes and vapes and/or body odour.

Some employees may work in a clinical area, although it is deemed appropriate for them not to be in uniform (for example, medical students). In this case they must comply with the relevant principles detailed in section 4.1.1 and 4.1.2.

Item	Policy requirement
Make up and Nails	<p>Make up should be discreet. Nails should be clean and nail varnish where worn must be in good condition and a subtle colour.</p> <p>If working in clinical environment and participate in direct patient and client care, acrylic nails and nail varnish are not acceptable.</p>
Jewellery	<p>Employees should ensure that their jewellery does not pose a risk to themselves or others. Facial piercing should remain discreet; these should be flat and plain in order to avoid potential harm in accordance with Health and Safety.</p>
Footwear	<p>Footwear should be appropriate for the type of work individuals carry out and not expose others to unnecessary risk. The slips, trips and falling hazards, which mules, high heels, toe-post, flip-flops or sling-back shoes and sandals etc. can cause or exacerbate, should be considered when selecting work footwear.</p>
Tattoos	<p>Tattoos that could be deemed inappropriate or offensive to any patient or employee must be covered.</p>
Stethoscopes	<p>Stethoscopes must not be worn around the neck unless being used for patient assessment.</p>
Hair	<p>When working clinically, Long hair (below the collar level) must be tied back and put above the collar when working in a clinical setting. Hair fastenings should be minimal (size and type). Tied hair should not “swing” as this presents a safety hazard.</p>
Religious/ Cultural beliefs allowances	<p>The wearing of items for religious/ cultural reasons is in most circumstances welcomed by the Trust providing Health and Safety is not compromised.</p> <p>When working clinically, employees who wear facial coverings for religious reasons are required to remove them whilst on duty. This is to ensure that employees are identifiable and to enhance engagement and communication with patients, visitors and colleagues.</p>

Non-Uniform Dress Example	Policy requirement
Examples of acceptable clothing for employees not in Uniform	Collared tucked in shirt, polo shirt, sweater, tie (optional), jacket (optional), formal style trousers. Formal style enclosed boots/shoes. Cargo trousers, if part of uniform in line with Health and Safety Personal Protective Equipment requirements, for example Estates workers. Clothing to fulfil religious culture and ethnic needs. Black/navy trainers may be worn, if smart in appearance. Clothing to fulfil religious culture and ethnic needs. Skirt (not mini, should be to the knee). Dress (not mini). Tailored trousers. Jacket or smart cardigan, Boots, flats and heels (not more than 10 cm high), open toed shoes, sandals (not in a clinical area); trainers may be worn if smart in appearance.
Examples of unacceptable clothing for employees not in uniform	Jeans/cargo trousers, T-shirt (unless under a shirt and as an agreed promotional activity), sweat pants, shorts, camouflage, flip-flops, sports shoes. Miniskirts/dresses. Sun, beach or spaghetti strap dresses/tops. Halter tops or tops with bare shoulders. Any clothing that is overly revealing of the cleavage, stomach, midriff or thighs is unacceptable. Sweatshirts. Flip-flops, stiletto heels, sports shoes.
Personal Protective Equipment	If direct patient care is required, then personal protective equipment must be used as per the Standard Precaution Policy. In addition, "bare below the elbows" rule must be adhered to when entering clinical areas.

4.2 Managing Non-Compliance

Employees that are deemed by a line manager or senior person on duty to be contravening the provisions of this policy will be asked to adhere to the recommendations as soon as practicably possible.

Failure to comply with this policy is classed as misconduct and may result in disciplinary action, up to and including dismissal. Any disciplinary issues shall be investigated and managed in line with the Trust's Disciplinary Policy & Procedure. There are two stages of managing non-compliance in respect of this policy.

4.2.1. Informal Stage

On the first occasion the non-compliant employee will be instructed by their line manager/ manager in charge to return home and re-present for work in more appropriate clothing. Any time lost as the result of returning home and re-presenting for work will be unpaid. The line manager will write to the employee to confirm the expected standards in terms of their dress/uniform and to inform them that further instances of non-compliance may lead to a formal investigation in line with the Trust's Disciplinary Policy and Procedure.

4.2.2. Formal Stage

On any subsequent occasion of non-compliance, the employee will also be instructed by their line manager/ manager in charge to return home and re-present for work in more appropriate clothing. Any time lost as the result of returning home and re-presenting for work will be unpaid. Further to this, the failure to comply will be formally investigated in line with the Trust's Disciplinary Policy and Procedure, and the employee may be subject to a formal sanction.

4.3 Tax Relief

Clinical employees may be able to reclaim some costs relating to their uniform from the Inland Revenue office. Trade Union representatives may be able to assist with information on where to access the relevant forms.

5.0 Statement of evidence/references

5.1 References:

Control of Substances Hazardous to Health Regulation (COSHH) 5th Edition Approved Code of Practice and Guidance Health and Safety Executive Books ISBN 0-7176-2981-3

Department of Health (2015) The Health and Social Care Act 2008, Code of Practice on the prevention and control of infection and related guidance Available at: <https://www.gov.uk/dh>

Health and Safety Act (2004) Section 2 and 3

Loveday, H.P. Wilson, J.A. Hoffman, P.N and Pratt R.J. (2007) Public Perception and the social and microbiological significance of uniforms in the prevention and control of healthcare associated infections: an evidence review. British Journal of Infection Control

Maintaining High Professional Standards in the Modern NHS for Doctors and Dentists

NHS Employers Dress Code and Discrimination (accessed June 2017)

<http://www.nhsemployers.org/yourworkforce/plan/building-a-diverse-workforce/need-to-know/dress-codes-and-discrimination>

5.2 External web link references:

NICE (2014) Infection Prevention and Control Nice Quality standard. <https://www.nice.org.uk>

WHO (2006) Your 5 moments of hand hygiene [pdf] Available at: <http://www.who.int>

6.0 Governance

6.1 Document review history

Version number	Review date	Reviewed by	Changes made

6.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
PRG	Staff Side	Jul-19	Jul-19	Approved	Yes
JCNC	Staff Side	Jul-19	Jul-19	Approved	Yes
Workforce Board	Staff Side	Oct-19	Oct-19	Approved	Yes
Infection Control	Infection Control	Nov-19	Nov-19	Approved	Yes

6.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
Through disciplinary cases	ER Case Tracker	HR	3 Yearly	Workforce Board

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6.4 Equality Impact Assessment

As part of its development, this policy and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified.

Equality Impact Assessment			
Division		Department	
Person completing the EqIA		Contact No.	
Others involved:		Date of assessment:	
Existing policy/service		New policy/service	
Will patients, carers, the public or employees be affected by the policy/service?		All employees	
If employees, how many/which groups will be effected?		All employees	
Protected characteristic	Any impact?	Comments	
Age	NO	Positive impact as the policy aims to recognise diversity, promote inclusion and fair treatment for patients and employees	
Disability	NO		
Gender reassignment	NO		
Marriage and civil partnership	NO		
Pregnancy and maternity	NO		
Race	NO		
Religion or belief	NO		
Sex	NO		
Sexual orientation	NO		
What consultation method(s) have you carried out?		PRG, JCNC.	
How are the changes/amendments to the policies/services communicated?		Through Acute User and Intranet Communications	
What future actions need to be taken to overcome any barriers or discrimination?			
Who will lead this?	Who will lead this?	Who will lead this?	Who will lead this?
Review date of EqIA			