Uniform Policy and Dress Code for All Staff Working Within North Cumbria University Hospitals NHS Trust
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Statement of changes made

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Changes / comments received from</th>
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<tbody>
<tr>
<td>1.0</td>
<td>22/02/2011</td>
<td>Approved at Governance &amp; Quality Committee</td>
</tr>
<tr>
<td>1.1</td>
<td>01/04/2011</td>
<td>Infection Prevention team</td>
</tr>
<tr>
<td>2.0</td>
<td>19/04/2011</td>
<td>Approved at Governance &amp; Quality Committee</td>
</tr>
<tr>
<td>2.1</td>
<td>04/07/2011</td>
<td>Steering group and Heads of Nursing agreed changes – section 2 public confidence, section 6.2 - Change into and out of uniform at work, section 6.5 jewellery</td>
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List of Stakeholders who have reviewed the document

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tr>
<td>CIC/ WCH</td>
<td>Director of Nursing / Deputy Director of Nursing / Heads of Nursing / Matrons / Lead Nurses / Sisters / Charge Nurses / Specialist Nurses</td>
</tr>
<tr>
<td>Interserve Manager</td>
<td></td>
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<tr>
<td>Microbiology</td>
<td></td>
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<tr>
<td>Clinical Risk Manager New Hospital Build</td>
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SUMMARY

The principle objectives of a uniform policy are patient safety, public confidence and staff comfort.

In 2007, the Department of Health published the guidance document: *Uniforms and workwear: An evidence base for developing local policy*. Although the phrase never appeared in the text, it has become widely known as the ‘bare below the elbows’ guidance. Since its publication, the guidance has been widely adopted throughout the NHS and has been used to support the specific requirements of the Health and Social Care Act 2008 Code of Practice relating to uniform and work wear policies, and the need to ensure that they support effective hand hygiene.

This document sets out the standards that all staff working within North Cumbria University Hospitals NHS Trust will be expected to uphold this policy. It has been updated to include the 2010 document *Uniforms and workwear: Guidance on uniform and workwear policies for NHS employers.*
North Cumbria University Hospitals NHS Trust
Uniform Policy and Dress Code for All Staff Working Within North Cumbria University Hospitals NHS Trust
Publication Date 21/09/2011
Version 3.0

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1. INTRODUCTION

The aim of the uniform policy/dress code is to promote:

- Patient safety
- Public confidence
- Staff comfort

Legal Context

Legislation affecting uniforms and workwear has two main areas of focus:

- A primary concern with health and safety along with the requirement to prevent spread of infection
- Employment equality for staff in terms of age, disability, gender, sexual orientation, race and ethnicity, religion or belief, human rights.

Guidance from the Muslim Spiritual Care Provision in the NHS (MSCP) is given in Appendix 1

2. PURPOSE OF THE DOCUMENT

Patient safety

Effective hygiene and preventing infection are absolutes in all healthcare settings. Although there is no conclusive evidence that uniforms and workwear play a direct role in spreading infection, the clothes that staff wear should facilitate good practice and minimise any risk to patients. Uniforms and workwear should not impede effective hand hygiene, and should not unintentionally come into contact with patients during direct patient care activity. Similarly, nothing should be worn that could compromise patient or staff safety during care, for example false nails, rings, earrings other than studs, and necklaces.

Public confidence

Patients and the wider public should have complete confidence in the cleanliness and hygiene of their healthcare environment. The way staff dress is an important influence on people’s overall perceptions of the standards of care they experience. Uniforms should be clean at all times, and professional in appearance. It is expected that staff will be committed to the Trust’s objective of increasing public confidence via reducing infections and presenting a professional image at all times. Staff therefore will not wear their uniform outside the hospital grounds, and most definitely not in public places or on public transport, staff therefore must change into and out of their uniforms at work. The only exception to this is for staff delivering care within the community. Patients and visitors also like to know who is who in the care team. Uniforms and name badges can help with this identification and must be worn at all times.
Staff comfort

As far as possible, subject to the overriding requirements of patient safety and public confidence, staff should feel comfortable in their uniforms. This includes being able to dress in accordance with their cultural practices. For example, although exposure of the forearm is a necessary part of hand and wrist hygiene during direct patient care activity, the uniform code should allow for covering of the forearm at other times (see also appendix 1).

3. DEFINITION OF TERMS USED

NCUHT: North Cumbria University Hospitals NHS Trust
CIC: Cumberland Infirmary
WCH: West Cumberland Hospital
MRSA: Methicillin-resistant Staphylococcus aureus

All Clinical Staff includes:
Nurses
Midwives
Medical Staff
Allied Healthcare Professionals
Pharmacy, X-ray, Medical records staff
Ward Clerks
Healthcare Students

4. SCOPE

All staff employed in the Trust portrays a professional image to the public. At the same time it is increasingly important that clothes and other articles worn or carried by members of staff do not contribute to the transmission of pathogenic organisms or their spores between patients and clinical areas.

This policy/dress code applies to all staff in uniform that are employed by North Cumbria University Hospitals NHS Trust or work within the hospital environment.

This policy does not cover hand hygiene although a suitable uniform is required for effective hand hygiene.

The policy does not cover use of personal protective equipment.

5. DUTIES (ROLES & RESPONSIBILITIES)

5.1 CEO / Board Responsibilities
To ensure all staff working within NCUHT comply with this policy

5.2 General Manager / Clinical Director Responsibilities
To support managers and staff in the implementation of this policy/dress code.
To audit compliance and challenge staff that, do not follow the standard of dress expected by the Trust.

5.3 Line Managers Responsibility

To include the Uniform Policy/Dress Code as part of the local induction programme

To ensure that they and their staff are aware of the uniform policy/dress code and ensure that it is implemented

To audit compliance and challenge staff that do not follow the standard of dress expected by NCUHT.

5.4 Staff Responsibility

To dress in accordance with this policy/dress code.

6. UNIFORM POLICY / DRESS CODE

6.1 Washing uniforms and workwear

All elements of the washing process contribute to the removal of micro-organisms on fabric. Detergents (washing powder or liquids) and agitation release soiling from the clothes which is then removed by sheer volume of water during rinsing. Temperature also plays a part. Please refer to Good Practice table and Laundry Policy.
6.2 Good Practice – evidence based

<table>
<thead>
<tr>
<th>Good Practice</th>
<th>Why</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wear short-sleeved tops and do not wear white coats during patient care activity</td>
<td>Cuffs at the wrist become heavily contaminated and are likely to come into contact with patients</td>
</tr>
<tr>
<td>Change immediately if uniform or clothing becomes visibly soiled or contaminated (theatre scrubs may be worn as an alternative)</td>
<td>Visible soiling may present an infection risk and will be disconcerting to patients</td>
</tr>
<tr>
<td>Dress in a manner which inspires patient and public confidence</td>
<td>People may use appearance as a proxy measure of professional competence</td>
</tr>
<tr>
<td>Change into and out of uniform at work.</td>
<td>It is expected that staff will be committed to the Trust’s objective of increasing public confidence via reducing infections and presenting a professional image at all times. Staff therefore will not wear their uniform outside the hospital grounds, and most definitely not in public places or on public transport. The only exception to this is for staff delivering care within the community.</td>
</tr>
<tr>
<td>Wear clear identifiers</td>
<td>Patients like to know the names and roles of staff who are caring for them</td>
</tr>
<tr>
<td>Wash uniforms and clothing worn at work at the hottest temperature suitable for the fabric. Avoid clothing that can only be washed at low temperatures or are “dry clean only”</td>
<td>A 10 minute wash at 60°C is sufficient to remove almost all micro-organisms. Washing with detergents at lower temperatures- down to 30°C eliminates MRSA and most other micro-organisms</td>
</tr>
<tr>
<td>Clean washing machines and tumble driers regularly in accordance with manufacturer’s instruction</td>
<td>Regular cleaning and maintenance will protect machine’s washing efficiency. Dirty or underperforming machines may lead to contamination of clothing, although there is no published evidence that this presents an infection risk</td>
</tr>
<tr>
<td>Have clean short unvarnished finger nails</td>
<td>Clean nails are hygienic and look professional. Long nails are harder to keep clean and are a potential hazard</td>
</tr>
<tr>
<td>Tie long hair back off the collar</td>
<td>Patients prefer to be treated by staff who have short or tidy hair, and are smartly presented.</td>
</tr>
</tbody>
</table>
## 6.3 Good Practice – common sense

<table>
<thead>
<tr>
<th>Good Practice</th>
<th>Why</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wear soft-soled shoes, closed over the foot and toes</td>
<td>Closed shoes offer protection from spills and dropped objects. Open shoes risk injury or contamination for staff. Soft soles reduce noise on wards</td>
</tr>
<tr>
<td>Have at least enough uniforms available for staff to change each day</td>
<td>Enables staff to start each day with clean uniform</td>
</tr>
<tr>
<td>Put on a clean uniform at the start of every shift</td>
<td>Presents a professional appearance</td>
</tr>
<tr>
<td>Do not overload the washing machine</td>
<td>Overloading the machine will reduce wash efficiency</td>
</tr>
<tr>
<td>Wash heavily soiled uniforms separately</td>
<td>Separate washing will eliminate any possible cross-contamination from high levels of soling, and enable the uniform to be washed at the highest recommended temperature</td>
</tr>
<tr>
<td>Use posters to show who wears which uniform</td>
<td>Patients and visitors like to know who is looking after them. Uniforms will help them identify who they may wish to speak to</td>
</tr>
<tr>
<td>Where for cultural or religious reasons, members of staff who wish to cover their forearms or wear jewellery required for religious reasons when not engaged in patient care, ensure that sleeves or jewellery can be pushed up the arm and secured in place for hand washing and direct patient care activity</td>
<td>Hand hygiene is paramount, and accidental contact of clothes or jewellery required for religious reasons with patients is to be avoided</td>
</tr>
</tbody>
</table>

## 6.4 Poor practice – evidence based

<table>
<thead>
<tr>
<th>Poor practice</th>
<th>Why</th>
</tr>
</thead>
<tbody>
<tr>
<td>Go shopping in uniform, or engage in activities outside work</td>
<td>Even though there is no evidence of infection risk, people perceive there is one</td>
</tr>
<tr>
<td>Wear false nails during patient care activity</td>
<td>False nails harbour micro-organisms and make effective hand hygiene more difficult</td>
</tr>
<tr>
<td>Wear any jewellery including a wrist watch, on the hands or wrist during direct patient care activity</td>
<td>Jewellery and watches can harbour micro-organisms and make effective hand hygiene more difficult. The Trust requires staff to be bare below the elbows.</td>
</tr>
</tbody>
</table>
6.5 Poor practice – common sense

<table>
<thead>
<tr>
<th>Poor practice</th>
<th>Why</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wear neckties/lanyards during direct patient care activity</td>
<td>Ties have been shown to be contaminated with pathogens and can accidently come into contact with patients. They are rarely laundered and play no part in patient care</td>
</tr>
<tr>
<td>Carry pens, scissors or other sharp or hard objects in outside breast pocket</td>
<td>They may cause injury or discomfort to patient during care activity</td>
</tr>
<tr>
<td>Wear jewellery while on duty other than plain stud earrings &amp; a plain wedding ring</td>
<td>Necklaces, long or loop earrings and rings present possible hazards for patients and staff. Stones and/or engraving on rings can Harbour microorganisms.</td>
</tr>
<tr>
<td>Wear numerous badges</td>
<td>More than 2 badges looks unprofessional and may present a safety hazard</td>
</tr>
<tr>
<td>Wear prominent facial piercings</td>
<td>The issue is patient attitude and confidence in their care team. Certain facial piercings and tattoos can be unsettling and distracting.</td>
</tr>
<tr>
<td>Dress untidily and in an unprofessional manner</td>
<td>Patients and visitors may equate untidy appearance with low professional competence and poor hygiene standards</td>
</tr>
</tbody>
</table>

7. DIRECT PATIENT CARE ACTIVITY

Many staff work in the hospital, the dress code is most important during patient care activity involving close contact with the patient and their environment. This includes activity in the following settings:-

**On the ward**

- In the patient area
- In any activity that involves patient contact
- Moving between areas within a ward

**In out-patient clinics**

Any activity that involves patient contact, for example

- Examining patients
- Wound care
- Collecting samples for testing

**In treatment and minor surgical procedure rooms**

At all times when the patients are being treated
In clinical areas with specific dress requirements (usually scrubs or specific uniform)

- In operating theatres
- In intensive/critical care
- A&E departments
- Endoscopy units
- Day Surgery units
- Dialysis units
- Special Care Baby Unit
- Maternity

7.1 Modification of dress code

In certain situations (e.g. outbreaks) additional precautions may be required (e.g. wearing of scrubs), staff must follow the decision of the outbreak team.

Sikh men will be allowed to wear a turban but may be asked to cover it in certain circumstances (e.g. theatre suites).

7.2 Advice to line managers in dealing with objections to the dress code

This uniform policy/dress code aims to be sensitive to the gender, sexuality, faith, ethnicity, age and disability needs of staff. The Trust however also has an obligation to staff and members of the public under the Health & Safety at Work Act 1974 and The Health Act - Code of Hygiene (2006), and therefore any modifications that results in compromising these acts or this policy will have to be risk assessed as part of any negotiation with the member of staff’s line manager. To assist the line manager in their decision making advice can be sought from the following resources:

- Human Resources
- Equality & Diversity Lead
- Health & Safety Officer
- Occupational Health

7.3 Staff changing facilities CIC and WCH

CIC: changing facilities are located on the lower ground floor, a personal 'swipe card' is required for access. Facilities are available for the duration of the staff members shift; it must then be vacated to allow for use by another member of staff. Do not leave lockers with padlocks.

WCH: changing facilities are located on level 2 in block D, below the staff cafeteria. A £1 coin (or supermarket trolley token of £1 size) will be required to lock the locker and release the key. Changing facilities are available for the duration of the staff members shift. The locker you are using must be vacated at the end of each shift to allow for use by another member of staff. Members of staff will be required to pay for a replacement key if the key is lost during the course of their shift. Access to lockers for staff that has lost their key will be via the Domestic Supervisor.
7.4 **Staff working outside normal hours (on call, standby, weekends etc)**

The wearing of more casual clothes where employees are called in from home or when they come in for short periods at weekends, and do not come into direct contact with the public, is acceptable. They must ensure that they display their Trust identity badge at all times.

7.5 **Students on Placement**

Students are expected to comply with the Dress code whilst working within NCUHT.

8. **IMPLEMENTATION AND TRAINING REQUIREMENTS**

All staff must be made aware at ‘Induction’ that this policy/dress code must be adhered to within NCUHT.

There is no training requirement for this policy.

9. **PROCESS FOR MONITORING COMPLIANCE WITH POLICY**

Adherence to these standards will be monitored via regular staff appearance observational audits, which will be conducted by the Head of Departments, Matrons, Nursing Sisters / Charge Nurses of NCUHT.

The audits will monitor:

- Uniform/clothing, appears clean and tidy
- No watches, bracelets or rings with stones and bare below the elbows
- Nails short, clean and polish free (for staff in uniform)
- No false acrylic or gel nails (for staff in uniform)
- Hair compliant with Trust policy
- Trust name badge visible and registration badge
- Pens, scissors etc. removed prior to moving and handling
- No visible piercings apart from one set of studs in the ears
- No more that 2 Trust approved badges
- Footwear compliant with Trust policy

10. **ASSOCIATED DOCUMENTATION**

Infection Control Policies
Health and Safety Policy and Codes of Practice Manual

11. **REFERENCES**

Department of Health Uniforms and Workwear: Guidance on uniform and workwear policies for NHS organisations. 2010. Available at:
Health Act 2006 Code of Practice, Duty 4

Securing Health Together• The Health and Safety Executive (HSE) long-term strategy for occupational health.

The Health and Safety at Work Act 1974, Sections 2 and 3
Section 2 concerns risks to employees. Section 3 concerns risks to others affected by their work.

The Control of Substances Hazardous to Health (COSHH) Regulations 2002

The Management of Health and Safety at Work Regulations 1999
These regulations cover patients and others exposed to microbiological infections, and include infection control measures.

The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance. This requires that uniform and work wear policies ensure the clothing worn by staff when carrying out their duties is clean and fit for purpose and that such policies should specifically support good hand hygiene.
APPENDIX 1 ADVICE FROM MUSLIM SPIRITUAL CARE PROVISION IN THE NHS (MSCP)

Exposure of the forearms is not acceptable to some staff because of their Islamic faith. In response to these and other concerns, the MSCP convened a group including Islamic scholars and chaplains and multi-faith representatives as well as Department of Health policy-makers and external experts in infection prevention.

Based on these group discussions, the MSCP prepared a list of recommendations to ensure that local dress code policies are sensitive to the obligations of Muslims and other faith groups whilst maintaining equivalent standards of hygiene.

Incorporating any of these recommendations into trust policy will have to be agreed in conjunction with clinical managers and the local infection prevention and control team.

Uniforms may include provision for sleeves that can be full length when staff are not engaged in direct patient care activity.

Uniforms can have three-quarter length sleeves.

Any full or three-quarter length sleeves must not be loose or dangling. They must be able to be rolled or pulled back and kept securely in place during hand-washing and direct patient care activity.

Disposable over-sleeves, elasticated at the elbow and wrist, may be used but must be put on and discarded in exactly the same way as disposable gloves. Strict procedures for washing hands and wrists must still be observed.

Use of hand disinfection gels containing synthetic alcohol does not fall within the Muslim prohibition against natural alcohol (from fermented fruit or grain).

However the use of soap and water is the recommended method of hand decontamination in all circumstances (with the addition in theatre of hibiscrub or betadine).