



Company dress/workwear code and Uniform Policy

**This policy is applicable to all East Coast
Community Healthcare staff**

Document Control Sheet

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Revision History

Revision Date	Summary of changes	Author(s)	Version Number
Nov 2010	Clarification of non uniformed clinical staff workwear	IPCT	5
Dec 2012	Preferred supplier added + information for hotel services	IPCT	6
Dec 2013	Logo added to all uniforms ordering system changed	IPCT	7
Nov 2016	Minor changes	IPCT	8

Approvals

This document requires the following approvals either individual(s), group(s) or board.

Name	Title	Date of Issue	Version Number
JICC			5
IPACC		18/2/13	6
IPACC		2/12/14	7
IPACC		29/11/2016	8

EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Impact Assessments must be conducted for:

- All ECCH policies, procedures, protocols and guidelines (clinical and non-clinical)
- Service developments
- Estates and facilities developments

Name of Policy / Procedure / Service	Company Dress Code and Uniform Policy
Manager Leading the Assessment	Teresa Lewis
Date of Assessment	13/08/2013

STAGE ONE – INITIAL ASSESSMENT

<p>Q1. Is this a new or existing policy / procedure / service?</p> <p><input type="checkbox"/> New</p> <p>√ Existing</p>
<p>Q2. Who is the policy / procedure / service aimed at?</p> <p><input type="checkbox"/> Patients</p> <p>√ Staff</p> <p><input type="checkbox"/> Visitors</p>
<p>Q3. Could the policy / procedure / service affect different groups (age, disability, gender, race, ethnic origin, religion or belief, sexual orientation) adversely?</p> <p>Yes Sufficient national protocols that this policy takes into consideration can be applied if relevant</p> <p>No</p> <p>If the answer to this question is NO please sign the form as the assessment is complete, if YES, proceed to Stage Two.</p>

Analysis and Decision-Making

Using all of the information recorded above, please show below those groups for whom an adverse impact has been identified.

Adverse Impact Identified?

Age	No
Disability	No
Gender	No
Race/Ethnic Origin	No
Religion/Belief	Potential issue over long sleeves
Sexual Orientation	No

- Can this adverse impact be justified? Yes
- Can the policy/procedure be changed to remove the adverse impact? No

If your assessment is likely to have an adverse impact, is there an alternative way of achieving the organisation's aim, objective or outcome

No effective hand hygiene is not possible with long sleeves

What changes, if any, need to be made in order to minimise unjustifiable adverse impact?

Long sleeved gloves can be purchased

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1. Introduction

This policy applies to all staff employed by East Coast Community Healthcare CIC (ECCH) to promote a positive corporate image. It has been written to ensure that ECCH complies with relevant national guidance and legal requirements regarding patient/client and staff safety.

All ECCH staff must ensure they comply with this policy.

The Health and Social Care Act (2008) contains a code of practice on the prevention and control of healthcare associated infections (HCAIs). Under compliance 2, organisations are expected to minimise the risk of healthcare associated infections.

An important aspect of providing healthcare is the confidence service users have in our ability to deliver services in a professional manner.

All staff are expected to be 'bare-below-the-elbow' DoH (2008) when having direct physical patient/client contact.

Any proposed deviation from this policy by dint of cultural, ethnic and religious considerations must be agreed in consultation with the Infection Prevention and Control Team, the Human Resources department and the individual staff member's manager.

This policy was written in consultation with managers of all staff groups.

2. Scope

This policy is for all staff employed either directly or indirectly by ECCH. This policy also applies to Agency staff. These staff may work within ECCH premises, patients' own homes, or other care settings owned by other agencies.

3. Policy Statement

This policy will be implemented to ensure that safe practice and a positive corporate identity is adhered to.

4. Responsibilities

It is the responsibility of all staff to ensure that they adhere to best practice, as described in this policy.

5. Policy monitoring

It is the responsibility of all department heads/ professional leads, to ensure that the staff they manage adhere to this policy. An audit tool for uniformed staff is available as an appendix to this policy and must be completed every **3** months and returned to the infection prevention and control team.

6. Review

This policy will be reviewed by the Infection Prevention and Control Team in conjunction with other staff groups.

This section applies to staff who wear uniforms but the principles apply to all staff who have face to face contact with patients/clients

7. Uniforms

A clean uniform (tunic and trousers if worn) must be worn for each shift/day; this must be changed during the shift if it becomes contaminated with body fluids, staff must ensure that they have a spare uniform available in this event. Staff carrying out clinical 'hands on' care must also wear appropriate personal protective equipment (PPE, such as gloves aprons etc). A uniform is not an item of PPE.

The public's perception of staff wearing uniform in public places is that it poses a risk of infection. This results in loss of confidence and complaints.

Where ECCH provides changing facilities these must be used. If no changing facilities are available or the staff member is community based they must not wear a uniform to engage in activities outside working hours (i.e. shopping, collecting children from school) even if the uniform is covered by a coat. It is acceptable for community staff to fill cars with fuel or to use a public toilet however if using a public toilet the uniform should be covered by a coat.

The uniforms remain the property of ECCH and must be returned on ceasing employment. Line managers are responsible for reallocating uniforms or disposing of uniforms that are no longer usable.

8. Badges/lanyards

Identification must be worn at all times while working. Professional badges, including trade union badges, may be worn but should be free from stickers and cleaned on a regular basis. The placement of all badges should be considered for staff who are undertaking moving and handling of patients to ensure they can do no physical harm. The wearing of lanyards is discouraged within clinical areas. Where staff wear a lanyard this must be designed to break/or fitted with a tug release to prevent strangulation. Lanyards must be tucked in to prevent an IPC risk if dangling during patient contact. The hygiene of the lanyard must be considered and a replacement item obtained if it is visibly soiled.

9. Belts/ buckles for staff wearing a uniform

Belts and buckles although not recommended, may be worn with a dress, however care must be taken not to restrict movement, which may lead to harm to patients or the member of staff. Belts must be laundered regularly at least weekly and must be removed whilst attending to patient's physical requirements.

10. Footwear

Shoes must be suitable for the work task, flat-heeled and must be enclosed around the toes and heel in a material that can be wiped clean they may be black, brown or navy in colour. They should be lace up or slip on full shoes which are plain in colour.

Suede or fabric shoes, croc type shoes, ballerina type shoes and sandals are not permitted. Trainers are not permitted (except if the staff member has permission from their manager for a specific reason or condition). Boots are permitted for community based staff only. Shoes should be comfortable and safe for the wearer during the moving and handling of patients.

Where other safety measures are impractical ECCH will provide PPE to ensure the employees safety. Where these are provided the employee and employer must ensure that they are used as required. The provision of PPE will be made following assessment of the employee's task by either generic risk assessment or COSHH data sheets.

Any exception to the above must be supported by medical evidence by the individual. The staff member will be required to attend occupational health for this to be agreed.

11. Vests, tee shirts, tights, stockings and socks

If a vest or tee shirt is worn under the uniform it must not be visible below or above the uniform. Plain dark socks must be worn with tunic and trousers. Plain natural or dark tights must be worn with dresses. Only in exceptional circumstances (e.g. very hot weather) tights/stockings may be omitted with the permission of the relevant line manager.

12. Cardigans/ overcoat/ gilets

Cardigans/fleece, overcoats and gilets must be either plain navy or black and must not be worn during patient care. If an overcoat/fleece is provided this should be worn as weather

dictates. If a fleece is worn on waste collection rounds it must not be worn for other tasks (hotel services staff).

13. Jewellery

Only one plain ring without stones is permitted, this should be manipulated during hand washing to ensure the skin underneath is cleaned. If earlobes are pierced one plain (no stones) pair of stud earrings may be worn. No other form of ear decoration is permitted. If a wristwatch is worn this must be removed during patient care and hand washing. No other form of jewellery is permitted this includes any necklaces (this includes medical and religious) and other facial piercing.

14. Nails

False nails or the wearing of nail polish (even clear) is not permitted. Nails must be kept short and clean.

15. Hair/makeup/tattoos

Hair (male and female staff) must be clean and tidy and be kept off the face. Hair should be styled/coloured to maintain a professional image.

Discreet makeup may be worn or sufficient to cover any facial disfigurement.

Perfumes and aftershaves must be subtle. The wearing of deodorant is encouraged.

Tattoos; wherever possible these must be covered by means of clothing. If this is not possible and the body art is potentially offensive then it must be covered by means of a simple dressing.

16. Laundering of Uniforms

ECCH does not have facilities for uniform laundering. Staff are required to wash their own uniforms. Staff can claim tax relief in respect of laundry costs by writing to the local Inland Revenue office with NI number and details of costs.

For infection prevention and control purposes the uniform should be subjected to heat as part of the laundry process by means of a hot wash*, tumble dry and/or ironing.

Uniforms should be machine washed*, separate from other items. They should be dried quickly (not left in a wet state for any length of time), or tumble dried, and ironed. They should then be stored in a plastic bag to prevent contamination by dust and other pollutants.

In summary, staff are required to:

- Use changing facilities- not come to work or go home in uniform
- Take their used uniform home in a carrier bag. The bag will be contaminated and must be disposed of
- Wash* all items of uniform, separate from other items, dry quickly and iron
- Store in a clean plastic bag
- Keep a supply of spare uniforms at work at all times
- Wear a clean uniform for each shift

*A ten minute wash at 60°C is sufficient to remove most micro-organisms.

17. Dress code for non uniformed staff that have direct patient/client/child/baby contact

If a uniform is not required staff must wear clothes suitable for the type of environment and activities they are required to undertake.

Clothes must be clean and in a good state of repair.

Examples of unsuitable clothing are: - Fashion garments with excessive zips, belts, chains and pockets, clothes that are revealing and may cause embarrassment or offence, clothing that exposes underwear, shorts and denim jeans are not acceptable. Midriffs must be covered.

If staff members have any doubt as to the suitability of clothing for work they must check with their line manager.

Neck ties have no beneficial function to patient care; they are regularly handled by the wearer and have the potential to come in contact with numerous objects. As such ties have the potential, to act as a vector for the transmission of HCAs. They must be removed during clinical activities. However bow-ties are permissible.

All staff are expected to be 'bare-below-the-elbow' DoH (2008) when having direct physical patient/client/baby contact.

Non uniformed staff must:

- Wear clothes that can be laundered frequently.
- Remove or tuck in functionless clothing.
- Wear appropriate PPE.
- Remove wristwatches, rings (apart from a plain non stoned wedding band).
- Tie long (below the collar) hair back.
- Finger nails must be kept short with no nail polish or false nails.
- Wear appropriate footwear appropriate for the environment they are working.

18. Failure to comply with this policy

Staff who are deemed by a line manager or senior person on duty to be contravening this policy will be requested to adhere to the policy as soon as practicably possible. Members of staff failing to comply with this policy will be subject to disciplinary action.

19. Preferred supplier of uniforms and number of uniforms

It is expected that all staff requiring new uniforms will use Meltemi. Any deviation must be authorised by the unit's business manager. All uniforms must be able to withstand a wash at 60°C and tumble drying.

All new uniforms will have ECCH and NHS logos on them.

The number of uniforms supplied will be based on the number of days per week worked to allow staff to have sufficient uniforms for a clean one to be worn each shift.

20 .References and further reading

Department of Health (2008) Clean Safe Care.

Department of Health (2010) Uniforms and work wear policies for employers.

Available at: www.gov.uk/government/organisations/department-of-health

The Health and Social Care Act 2008 . DoH London

Manual Handling Operations Regulations (1992) London. HMSO.

National Health Service Executive (1995) *Hospital laundry arrangements for used and infected linen*. HSG(95) 18.

NICE Clinical Guideline 2 (2003) *Infection Control: Prevention of healthcare-associated infection in primary and community care*. London. NICE. Publication code N0218 50K

Parliament (1974) *Health and Safety at Work Act*. London. HMSO.

Parliament. Statutory Instrument (1992) No.3004 *The workplace [Health, Safety and Welfare] Regulations*. London. HMSO

Perry C, Marshall R & Jones E (2001) *Bacterial Contamination of Uniforms*. Journal of Hospital Infection. 48:238-241

Potter Y and Justham D (2012) Washing and changing uniforms: is guidance being adhered to? *British Journal of Nursing*, 21 (12) 649 – 653.

Royal College of Nursing (2013) *Guidance on uniforms and workwear*: London. RCN. Publication code 002 724

20. Author

Infection Prevention and Control Team

Uniform policy audit tool

Ward or department:-		Staff checked									
		1	2	3	4	5	6	7	8	9	10
Auditor:-											
Date:-											
1	The member of staff is 'Bare below the elbows'										
2	No wrist watches are being worn										
3	Long hair is off the face										
4	Hair is clean, neat and tidy										
5	Rings- one plain ring only is being worn										
6	Shoes are low heeled closed at the toe and heel										
7	Shoes are black, brown or navy										
8	Foot wear is of a material that can be wiped										
9	Plain dark socks are worn with trousers										
10	Earrings- one plain pair of stud earrings or no earrings (no stones)										
11	Tights/stockings are plain natural or dark in colour										
12	Name badge is clean and sticker free										
13	Cardigans are not being worn during patient care										
14	All badges are professional										
Score											
Possible score											

Please return a copy of this audit to the infection prevention control team

Each department must complete this tool every 3 months

Scores will be fed back to relevant managers, the infection prevention and control committee and form part of the infection prevention and control annual report.



Purchase Order Number	Budget Code	Cost Centre	Requisitioning Department

Wearer Details

Delivery Address	Staff Name	Staff Band	Hours/Shifts	Dept/Ward

See over- great care in ordering the correct size must be taken

Female Staff – all tunics/dresses available in petite, regular or tall fit

Code	Description	Size	Length/Fit	Qty

Male Staff

Code	Description	Size	Length	Qty

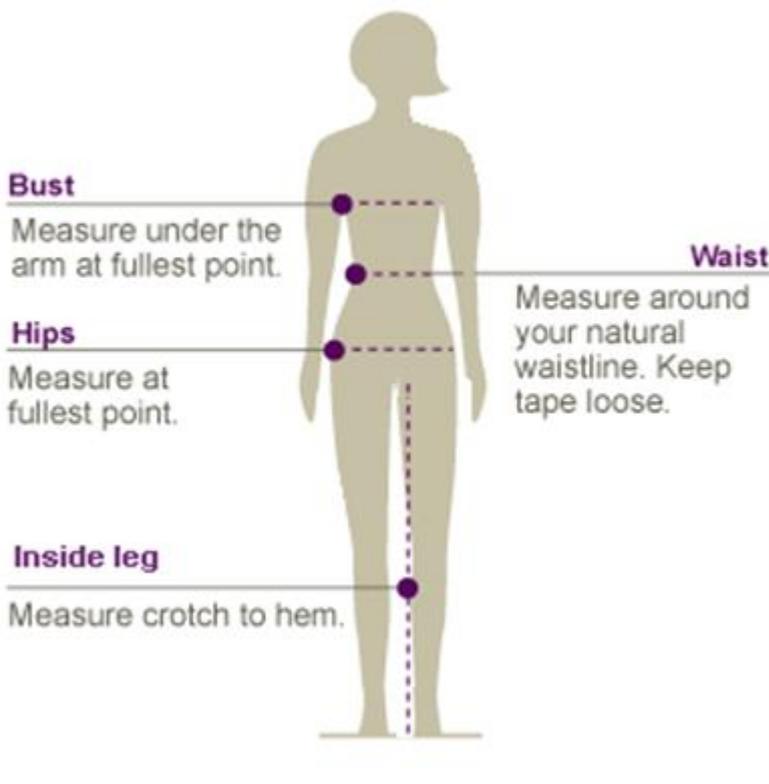
Wearers Signature.....

Authorisers Name.....Signature.....

Female Sizing Chart - Body Measurements															
		6	8	10	12	14	16	18	20	22	24	26	28	30	32
BUST to:	Inches	32.5	34	35.5	37	39	41	43.5	46	48.5	51	53.5	56	58.5	61
	Centimetres	83	86	90	94	99	104	110	117	123	130	136	142	149	155
WAIST to:	Inches	26.5	28	29.5	31	33	35	37.5	40	42.5	45	47.5	50	52.5	55
	Centimetres	67	71	75	79	84	89	95	102	108	114	121	127	133	140
HIPS to:	Inches	35	37	39	41	43.5	46	49	52	54.5	57	59.5	62	64.5	67
	Centimetres	89	94	99	104	110	117	124	132	138	145	151	157	164	170

Unisex Sizing Chart - Body Measurements			
	Female	Male Chest	Male Waist
X Small	6	30"	28"
Small	8-10	34"	30"
Medium	12-14	38"	34"
Large	16-18	42"	38"
X Large	20-22	48"	42"
XX Large	24-26	54"	47"

Female Height Fittings	Code
4'11" to 5'3"	P - Petite
5'2" to 5'8"	R - Regular
5'7" to 5'11"	T - Tall



Ordering instructions

Before any orders are made a check must be made to see if any stock uniforms are available, contact Estates helpdesk 01502 719597 ecch.estatesandfacilitieshelp@nhs.net

All uniforms now need to have a purchase order raised directly with Meltemi by the line manager/budget holder.

All uniforms will have the ECCH logo on them; as such great care must be taken when ordering the appropriate size as they are **NOT RETURNABLE**, if an alternate size is required the line manager/budget holder will be required to raise an additional purchase order and pay for both orders.