

Reference Number: FOIAH2425/239
From: Commercial
Date: 01 August 2024
Subject: Recent staff uniform or dress code policy

Q1 Full copy of your most recent uniform/ dress code policy

A1 [Please see attached 239 FOI Response.](#)

Q2 If there is a separate uniform policy for surgical theatres, please can you provide

A2 [Information not held, no separate uniform policy for surgical theatres.](#)

M37 – UNIFORM AND DRESS CODE POLICY

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Version Control, Review and Amendment Logs

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Version	Date	Author	Status	Comment
10	July 2024	Deputy Director of Nursing	Current	Full review and update prior to national uniform implementation. Changes to non-compliance section
9	November 2022	Deputy Director of Nursing	Current	Complete re-write
8	September 2022	Deputy Director of Nursing	Archived	Interim update pending incorporation of feedback from SLT. Further review scheduled to include national uniform audit recommendations
7.3	February 2022	Assistant Director of Nursing	Archived	
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6.1	January 2018	Assistant Director of Nursing	Archived	Interim update pending staff survey.
6	April 2016	Lead Nurse, ICS	Archived	
5	October 2012	Lead Nurse, ICS	Archived	
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3	February 2006	Chief Nurse/H&S Adviser/Uniform Policy Group	Archived	
2	March 2003	Unknown	Archived	
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Record of changes made to Uniform Policy - Version 9			
Section Number	Page Number	Change/s made	Reason for change
All	All	Completely re-written	Out of date

Quick Reference Guide – Uniform and Dress Code Policy

Uniform and/or clothing must be smart, safe, and practical and should:

- Take account of staff safety issues.
- Provide the wearer with mobility and comfort.
- Be durable enough to withstand laundering.
- Contribute to identification for both the public and for security services.
- Project a professional image to encourage public trust and confidence.
- Contribute to the Trust's corporate image.
- Designed with a client group in mind reflecting the type of work they undertake.

Summary of Policy

This policy applies to all staff employed by Alder Hey NHS Trust and other persons working within the organisation.

It sets out the uniform and dress code principles for Alder Hey NHS Trust and the expectations for professional appearance for both those whose role requires them to wear a uniform and those staff who are not required to wear a uniform.

It applies equally to those providing direct clinical care and those working in support roles.

The policy considers the expectations of the public in relation to NHS staff's professional appearance and is based on best practice guidance from NHS Employers.

The policy acknowledges personal and cultural diversity where this does not compromise the safety of patients or employees or damage the professional standing of the individual or the organisation.

It also covers the health and safety and infection prevention and control requirements in relation to staff dress and appearance.

The policy takes account of both the rights of the individual service user as well as the service provider.

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1. Introduction and Purpose

- 1.1 This policy and procedure sets out the uniform and dress code principles for Alder Hey NHS Trust. This policy has been introduced to protect the safety of patient/service users and employees by ensuring the uniform and appearance at work/dress code of employees complies with infection prevention and control requirements, Health, and Safety legislation and to ensure that all employees present a clean, smart professional image. All employees are expected to portray a professional image to patients/service users and members of the public.
- 1.2 The policy acknowledges personal and cultural diversity where this does not compromise the safety of patients or employees or damage the professional standing of the individual or the organisation. The REACH network can support these conversations as necessary. Employees are advised that any proposed deviation from this policy because of cultural, ethnic, religious, and physical considerations must be agreed in consultation with the employee's line manager, Infection Prevention and Control, the Human Resources department and Health and Safety.
- 1.3 Failure to comply with the policy may lead to risks to patients and the employee and, therefore, repeated failure to adhere to the policy may result in disciplinary action being taken in accordance with the Trusts policy.
- 1.4 The policy describes standards for all employees and specific standards for employees directly involved in the delivery of care. This includes all services delivered by Alder Hey Childrens NHS Trust. As well as the general standards, there are additional, more stringent requirements for employees providing direct care, who may or may not be required to wear uniform. Direct care incorporates any type of face-to-face intervention with a child, young person and/or their family or carers. In order to comply with this policy, all direct care employees must have enough (i.e., sufficient for daily changes) sets of uniform to facilitate good practice in the area of infection prevention and control, and health and safety.

2. Scope and Definitions

- 2.1 This policy will apply to all corporate and non-clinical staff as well as all clinical staff directly employed by the Trust including nurses, doctors, AHP's and other professional groups, other than when specific conditions may apply. Requests for any variation must be made in writing by the service/professional lead and sent to the Chief Nurse for approval. The policy also applies to all trainees, students on placement, secondees and staff on honorary contracts or on joint contracts with the Trust and another employee. Where staff are required to wear Personal Protective Equipment, e.g., Estates, the local policy must be adhered to.
- 2.2 Alder Hey NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community, and Trust staff. As part of good employment practice, agency workers are also required to abide by the organisations policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking work for the organisation.
- 2.3 It is not the intention of the policy to compel anyone who does not currently wear a uniform to do so. However, all staff, clinical and non- clinical who do not wear uniform are expected to comply with the dress code outlined in the policy.
- 2.4 This Policy has been updated to reflect the increased use of hybrid working, where some staff may work from home. Staff are reminded that regardless of the place of work the Trust require staff to abide by all policies and procedures and in relation to

this policy specifically to ensure that their choice of clothing is in keeping with the professional image requirements of the Trust.

3. Process / Requirements

3.1 The purpose of the policy is to ensure that all employees are clear on the standard of appearance/dress expected while at work, whether uniform or non-uniform. The appearance at work /dress code details the standards and image which the Trust wishes to convey to all patients/clients, partners, and members of the public. This policy outlines the legislation relating to dress code and uniforms within the workplace. This policy will be implemented to ensure that safe practice and a positive identity is adhered to.

3.2 In all cases, the following principles should be supported and promoted, in order to adhere to the recognised legal framework:

- Health, safety, and the well-being of patients / service users
- Health, safety, and the well-being of employees
- Infection prevention and control
- Public confidence and professional image
- Professional accountability, as defined by professional bodies / councils.
- Consideration of security measures to protect our patients.

3.3 The objectives of this policy are:

- To ensure employees maintain a positive professional image.
- To ensure employees wear clothing in line with the principles of this policy.
- To ensure that infection prevention and control and health and safety issues are addressed.
- To ensure that service users are confident with the policy.

4. Infection Prevention and Control (IPC)

4.1 All employees working in a direct clinical role (regardless of whether they wear a uniform or not) MUST apply the 'bare below the elbow' principles whilst delivering care.

- All wrist and hand jewellery must be removed- except one plain ring with no stones or deep engraving.
- No false nails, nail varnish or nail adornments
- Any long sleeves must be rolled up to above the elbows, or removed, when undertaking direct clinical care.

4.2 When undertaking clinical procedures, long garments (e.g., cardigans) must be removed. Where long sleeved garments cannot be removed (i.e., blouses and shirts), it must be possible for the sleeves to be rolled up to above elbow height, and for them to remain up independently throughout the duration of the procedure. Good hand hygiene is well recognised as the single most effective way to reduce the risk of cross infection; however, contact transfer of bacteria from uniforms leading to transmission of infection has also been recognised.

4.3 The organisation provides uniforms and personal protective clothing to all members of clinical staff. Employees must ensure that they use appropriate PPE (personal protective equipment) as required to reduce the risk of cross infection. Disposable aprons must be changed in – between patients, between episodes of care on one patient or before leaving the clinical area or patient's home in order to adhere to Infection Prevention and Control principles.

- 4.4 Staff must always comply with any patient or area specific PPE requirements as instructed by the IPC team.
- 4.5 Principles of infection prevention and control apply to all staff regardless of whether they wear a uniform or not. Staff must make sure they are reducing the risk of transmission of infection, by acting responsibly and professionally in terms of wearing and laundering their uniform. Staff must act in accordance with, the relevant policies in relation to infection control and decontamination.

5. Dress Code All Staff – General Principles

5.1 Personal Hygiene

- 5.1.1 All employees should maintain a high level of personal hygiene and be well presented at all times. Managers are responsible for highlighting hygiene issues if staff seem unaware of it being an issue.
- 5.1.2 The chewing of gum is prohibited in all areas. Nicotine gum can be used for the purposes of smoking cessation but never when dealing with patients, carers, or the public (including phone calls).

5.2 Identification Badges

- 5.2.1 All employees must wear their Trust identification badges at all times in all areas of the organisation for security and identity purposes. Whilst not on duty, when away from Trust premises, the ID badge should be covered or removed for personal safety reasons.
- 5.2.2 The Trust will also provide name badges in addition to the ID badges which should be clearly visible whilst at work.
- 5.2.3 Identification will be via clip on badges and lanyards. Lanyards should be laundered regularly as per IPC guidance, in order to maintain cleanliness. Consideration should be given to any pin badges attached to lanyards and uniforms, in terms of professionalism and patient safety.
- 5.2.4 Employees who are out in the community with patients should ensure that they have their ID badge on them in the event they are required to formally identify themselves.
- 5.2.5 The Trust lanyard and badges only must be worn. This provides a level of visible assurance to patients, families, and other staff that the staff member is an employee at Alder Hey. The Trust issued lanyards comply with all health and safety legislation and IPC recommendations. These lanyards have 3 break points to help reduce the risk of harm or injury. These lanyards have no metal clips so can be used in Radiology. **Staff are not permitted to wear alternatives.**
- 5.2.5 Staff may only have a maximum of 2 professional badges attached securely to their lanyards.

5.3 Nails

- 5.3.1 Staff providing direct care as defined in section 1.4 of this policy, must not wear nail varnish or nail art whilst on duty. All staff in the clinical area, should ensure fingernails should be kept short and clean in order to comply with our Infection prevention and control and decontamination guidance. The wearing of false/acrylic/gel nails, nail

varnish and nail adornments by staff providing clinical care is strictly forbidden as they pose infection prevention and control and health and safety risks.

5.4 Hair

5.4.1 Hair must be clean and well groomed. For staff providing clinical care it must be off the collar and a style that does not require frequent re-adjustment. Keeping hair off the collar reduces the incidence of bacterial growth around the collar areas. Uniformed staff must have their hair tied back if longer than shoulder length. Where hair clips are worn, they must not have the potential to injure employees or patients and must comply with health and safety and infection control standards. The use of hair colourant is an individual choice. Staff should consider patients and families expectations of what constitutes a professional image, if deciding to colour their hair.

5.4.2 Beards must be neatly trimmed unless it reflects a religious belief, in which case it must be kept tidy and covered with suitable PPE when required (e.g., Kitchens, Theatres, etc)

5.5 Jewellery

5.5.1 All employees should ensure that their permitted jewellery is minimal, follows the bare below the elbow principle and does not pose a risk to themselves or others and promotes a professional image. Facial piercing should remain discreet and facial jewellery should be plain and flat. This is to avoid potential harm. Any piercings or jewellery which may cause an infection prevention control hazard must therefore be covered or removed. Clinical staff may wear a plain ring (see section 11.1) and one small pair of earrings. Wrist watches must be removed at the start of the working day/shift when giving direct patient care. No necklaces, bracelets or anklets are to be worn. The only exception is a medical alert.

5.6 Make up and Perfume.

5.6.1 Make up must be kept to a minimum. The use of strong fragrances should be avoided. Line Managers will use their discretion to discuss with staff members who may be unaware of the strength of their fragrance. Staff in clinical areas should wear no perfume to avoid discomfort to patients and potential allergic reactions. False eyelashes must not be worn by staff working in direct patient contact.

5.7 Tattoos

5.7.1 Where present, tattoos should not be offensive to others, or inappropriate, and where they may be deemed to be either of the above then the individual should cover them. It is the responsibility of Line Managers to ensure that dress code complies with health and safety regulations and the Trust Uniform policy. The professional image presented to the public should be a clear consideration when considering the appropriateness of any 'body art.' New tattoos must be covered with a waterproof dressing provided by the individual until they are healed.

5.8 Footwear

5.8.1 Footwear must be clean and in good repair, suitable for the work task and of a style that is not hazardous to either patient or staff member. For staff working in clinical areas shoes should be soft soled and closed toe. Backless and/or open toe shoes or sandals and mules/ clogs / shoes of a croc- type style must not be worn for in a clinical area as these constitute a hazard (Manual Handling Operational Regulations, 1992).

- 5.8.2 Staff working in a clinical area should wear black leather or leather type impermeable shoes with a rubber non-slip sole and low heel which give adequate support and are strong enough to prevent damage to toes should anything be dropped on the feet. They should be lace up or slip-on full shoes. Smart trainers (black), that are non-permeable and minus any logos (or with discreet logos) are permitted in appropriate clinical settings. In extreme weather community staff may need to over-ride these requirements for safety reasons (e.g., walking boots in snow). Shoes must be wipeable and preferably washable.
- 5.8.3 Footwear is provided by the individual. If alternative footwear is required for medical purposes, the individual will be required to provide medical evidence and be required to have an Occupational Health Assessment.
- 5.8.4 Shoes for non-clinical staff should be professional and smart. Training shoes must not be worn unless approved by the line manager and follow the guidance in 5.8.2 of this policy.

5.9 Cultural and Religious Beliefs

- 5.9.1 The Trust recognises and values the diversity of its workforce in relation to age, disability, gender, gender reassignment, race/ethnicity, religion and belief and sexual orientation and we respect and uphold the right of individuals to the lawful expression of these differences and will take a sensitive approach when this affects dress and uniform requirements - any member of staff who wishes to wear a particular type of clothing or jewellery for cultural, religious or health reasons should discuss their requirements with their Line Manager. Reference to the REACH network can be made to support any of these discussions. However, there may be circumstances in which there are genuine occupational reasons as to why the wearing of certain articles and/or clothing is not permissible, and priority will be given to health and safety, security, and infection control.
- 5.9.2 It is recognised that individuals undergoing gender reassignment may require a review of their issued uniform to accommodate for the transition to their new gender. The Trust will show flexibility and, where possible, ensure that provisions are made available for this to take place. If a member of staff needs to vary from the standards set out in this policy, they should discuss this with their manager who will seek appropriate guidance on an individual basis, with advice and support from Occupational Health, Health and Safety Team and Human Resources as required. The trust will endeavour to treat such requests sympathetically, balanced against the needs of the service. All staff must dress in a manner that is sensitive to the social, cultural, diversity and equality needs of other staff, patients, and carers/visitors.
- 5.9.3 Essential Cultural / religious dress will be accommodated as far as reasonably and practicably possible. Individuals who have concerns should discuss them with their line manager in the first instance, who will seek appropriate advice from the Equality & Diversity team.
- 5.9.4 Modesty sleeves can be worn to protect individual's rights however clinical need will always be the priority. There is specific guidance for the use of disposable sleeves i.e., when worn to accommodate religious practice or cultural need. These are utilised in the same way as in the use of disposable gloves, with regard to infection control/H&S requirements.
- 5.9.5 Although the Trust will do whatever is possible to accommodate religious beliefs, in terms of compliance, clinical need and patient safety will always take priority, particularly relating to infection prevention and control.

5.9.6 If a staff member feels that on the grounds of Religious or cultural beliefs, they need consideration regarding the uniform they are required to wear, this must be discussed with their line manager with advice from the Divisional Human Resource Manager.

6. Clinical & Non-Clinical Staff who do not wear Uniform – Dress Code for Work

6.1 Where a uniform is not a requirement of the role, it is important that employees dress in a professional manner. Employees who do not wear a formal uniform must dress in a manner that does not cause offence or embarrassment to patients or others with whom they come into contact.

6.2 Employees who wear their own clothes should ensure that they are suitable for work purposes; clean and in a good state of repair and should look professional at all times.

6.3 Clothing that is unsuitable and must not be worn in the workplace:

- Clothes that are revealing and may cause embarrassment or offence, including but not limited to miniskirts, tops that reveal excessive cleavage or the midriff.
- Clothes with logos or advertisements; sports clothing; shorts etc
- Clothes that could be interpreted as intimidating or threatening, (e.g., combat fatigues)
- Ripped or torn clothing
- Denim or leggings/jeggings in clinical areas. (It is recognised there may be some exceptions to this, but this must be agreed by the line manager and be appropriate to the patient/client groups).

6.4 Depending on the job role clothing which covers the face may not be permitted.

6.5 Where an employee or applicant makes a specific request as part of a religious observance the Manager will adhere to the guidance from Human Resources and Occupational Health. Employees must ensure that they follow the principles outlined in Section 5 of this policy.

6.6 Staff who are hybrid working should ensure they are dressed appropriately, especially when on Teams calls. Reference here should be made to 6.3 of this policy.

7. Clinical Staff who do not wear Uniform – Additional Requirements

7.1 Clinical Staff who wear their own clothes rather than a uniform e.g., nurses, AHP's, Doctors and other professional groups, when working in a care/clinical environment, should adhere to the general principles of the standards set out above. In particular, they should ensure that their clothes and shoes and permitted jewellery (where appropriate) do not pose a potential hazard to themselves, patients/service users, and other employees from both an infection prevention control and a health and safety perspective.

7.2 Employees who wear their own clothes rather than a uniform when working in a clinical environment (which includes patient's home) should also ensure that they portray a professional image that is appropriate to the area of clinical care. Due to the range of clinical care specialties, this will mean that a pragmatic approach to the application of the policy is necessary by the manager. Employees must ensure that they follow the principles outlined in the Quick Reference Guide.

8. Clinical Staff who are required to wear a Uniform

8.1 All employees who are required to wear a uniform must wear the uniform provided and agreed by the Trust. Uniforms will be supplied with the NHS logo. Staff Uniforms

provided by an employer which have a permanent NHS Logo stitched to it and can clearly be recognised as a uniform, will mean that the individual will not have to pay tax on the cost of the uniform.

- 8.2 Employees are required to wash their own uniform as detailed in Laundry Guidance (see section 13).
- 8.3 For those employees who wear a uniform when working the following must be observed:
- Employees will be provided with three tops and three trousers by the Trust.
 - The Trust will provide quality clothing that meets infection prevention and control and health and safety requirements and reduces replacement costs.
 - All uniform must be clean, ironed, and presentable and employees should have access to a spare uniform in case of accidental contamination by blood, body fluids or any other noxious/toxic substance.
 - In the case of gross contamination with body fluids the uniform should be disposed of as contaminated clinical waste.
 - Employees must presume some degree of contamination following a shift, even on uniform or clothing which is not visibly soiled. Employees must therefore change out of their uniform promptly at the end of each shift (if changing facilities are available). A clean and freshly laundered uniform must be worn daily.
 - Employees must ensure that they follow the principles outlined in Section 4.
- 8.4 Wearing of clinical uniform whilst not at work is unacceptable at any time unless travelling to and from work, where no work based changing facilities are available. If travelling to and from work, then the uniform must be covered.
- 8.5 Where locker room and changing facilities are available employees must travel to and from work in their own clothes. For areas where changing facilities are not provided the uniform must be covered discreetly for the journey to and from the workplace, between patients or on an allocated work break when the employee is off site. The Trust acknowledges that community staff may not be able to effectively cover their uniform whilst travelling between patients in hot weather.
- 8.6 It is not acceptable to wear uniforms on public transport or off site where the employee is identifiable. This creates risk for the employee, as the public will not differentiate between clinical ability and appropriateness to help. Staff in uniform off premises may be called upon to act by the public, which may be outside of their experience and scope of practice.

9. Additional Requirements for Uniformed Employees Working in Clinical Areas

- 9.1 All direct care providing employees, when on duty, should wear their regular uniforms.
- 9.2 Where there are no changing facilities the uniform must be covered discreetly for the journey to and from work and between patients.
- 9.3 Clothing should allow sufficient hip and shoulder movement for the safe moving and handling requirement of the job.
- 9.4 Stockings, tights and socks should not detract from the overall appearance of the uniform.
- 9.5 Trust sweatshirts, navy or black cardigans/fleeces may be worn but not when providing direct patient care. Clean and dirty/contaminated uniforms must not be stored or transported together because of the risk of cross-contamination. The range of items

supplied will be determined by the service manager. Items supplied must comply with this policy.

- 9.6 Polo shirts may be provided to staff who work in areas of the Trust where managers have agreed they can wear them as an alternative to uniform or own clothes or staff who work in gym areas. It may be appropriate for staff working in a gym area to wear shorts if agreed with the Manager.
- 9.7 Staff undertaking Prevention and Management of Violence Training, (PMVA), which is a physical restraint course, are required to wear appropriate gym gear.
- 9.8 Where a head scarf or a veil is worn, as part of religious belief, employees must ensure that the flow of the garment does not interfere with work practices. This must be changed on a daily basis to minimize cross infection.
- 9.9 Similarly, any employee who has a need for special consideration to be given to their appropriate clothing due to having a disability, should bring this to the attention of their line manager, seeking support and guidance from Occupational Health, Infection Prevention and Control team and Human Resources, as necessary.

10. Non-Clinical Staff who are required to wear a Uniform

- 10.1 All employees who are required to wear a uniform must wear the uniform provided and agreed by the Trust.
- 10.2 Non- Clinical Staff who are required to wear a uniform are to comply with the General Principles stipulated in section 4 of this Policy.
- 10.3 Uniform & Personal Protective Equipment must be worn at all times while at work and be compliant with local departmental instructions. Deficiencies, unsuitable items and or uniform that is worse for wear must be reported immediately to their line managers.
- 10.4 Neck ties should be tucked in or removed during any episode of care that involved patient contact.

11. Return / Renewal of Uniform

- 11.1 Renewal of uniforms will be at the discretion of the line manager and linen room supervisor. Requests for new uniforms will also be at the discretion of the line manager and linen room supervisor and all old uniforms must be returned when the new uniform is issued. Uniforms must be returned to the Linen room in the Facilities Department when employment ceases. Failure to do so will result in a deduction being made in the last salary payment.
- 11.2 Staff who are required to change their uniform, for example following a promotion, must return their old uniform in order to be issued with the replacements.
- 11.3 All uniforms that are returned to the linen room should be laundered in line with section 14 of this policy prior to return.

12. Special Circumstances

- 12.1 Staff who are pregnant and are requiring maternity uniforms, will be provided with appropriate maternity professional scrub uniforms. Staff members should retain their original uniform for use (if appropriate) on their return to duty after maternity leave. Contact should be made with the linen room if alternative sizes are required. Maternity wear should be returned to the linen room following maternity leave.

- 12.2 Noise in hospitals is a national problem, especially at night, therefore soft soled shoes are a required option in direct care areas.
- 12.3 Charity Events/Career Events/Dress down days: The Trust acknowledges that staff may wish to support charitable events, however it is the responsibility of Departmental Managers to decide the appropriateness of their areas supporting temporary events i.e., comic relief, children in need etc.
- 12.4 Personal Protective Equipment: If you require specific information regarding Personal Protective Equipment (PPE), please refer to the PPE Policy which is available on the Trust policy website.

13. Extreme Weather Conditions

- 13.1 Any amendment to this policy due to extreme heat conditions, e.g., a decision to allow tailored shorts to be worn in community settings, will be at the discretion of the Chief Nurse. Managers should raise the request to the Chief Nurse or Deputy should this apply. Resuming to usual work wear should occur as soon as possible as weather conditions normalise.

14. Clinical Uniform Laundry, Replacement and Disposal Guidance

- 14.1 Clinical staff who are required to wear a uniform will be provided with an adequate number of uniforms and managers will ensure that uniforms are requested correctly.
- 14.2 The following guidance should be followed when handling and decontaminating socially soiled uniforms:
- Wash separately from other items, in a washing machine at 60 degrees centigrade wash cycle.
 - Wash in a biological detergent in the quantities recommended by the manufacturer.
 - Dry quickly or tumble dry and iron.
 - Non uniformed direct/indirect care staff should ensure that items of clothing are able to be washed at the highest temperature that the clothing will tolerate.
 - Hand washing uniforms is ineffective and therefore not acceptable.
- 14.3 Managers are responsible for ensuring collection of Uniforms from staff who are leaving the organisation. The Linen room Manager will decide if the Uniform can be reallocated or if they should destroy the uniform if it is no longer fit for purpose.
- 14.4 Staff leavers are responsible for returning freshly laundered uniforms to the Linen Room.
- 14.5 Managers will place requests with the linen room supervisor for new uniforms if they need replacing.

15. Theatres

- 15.1 A clean suit must be worn every day by all staff in Theatres.
- 15.2 All staff who wear non-standard scrubs must ensure that they are laundered in line with hospital policy.
- 15.3 Scrub suits must be changed if staff have been in contact with patients with known infections. All suits must be laundered by the hospital accredited laundry service.

- 15.4 Footwear use should follow the guidance in section 5 of this policy and must be anti-static. Clogs are an acceptable footwear option in Theatres as long as they are washed and comply with infection prevention and control guidance.
- 15.5 In Theatre areas, hats should be worn at all times and all hair completely covered under the hat. Individual cloth hats must be worn and laundered by staff themselves, with white hats for visitors, domestic staff, and students.
- 15.6 Theatre masks and hats should be removed upon leaving the department.
- 15.7 All staff must change out of theatre clothing before leaving the theatre department. A **BLUE** disposable over coat which should be fastened must then be worn. Hats and masks must be removed. Shoes must be changed (or overshoes worn).
- 15.8 No-one is to enter any theatre wearing a white coat. Handbags, cardigans etc must not be taken into clinical areas, including anaesthetic rooms.
- 15.9 Reference is to be made to section 5 of this policy (general principles) for all Theatre staff.

16. Roles and Responsibilities

- 16.1 Managers and senior leaders must reinforce the standards within the parameters of this policy. This should be disseminated to all members of their teams, and managers must ensure that teams understand and adhere to local protocol and the policy requirements. This includes ensuring that:
 - Any essential uniform or personal protective equipment identified as a result of a risk assessment is made available for use of staff.
 - Local protocols are written for staff to ensure compliance with the service risk assessment.
 - Any training required in order to ensure safe use of the equipment is provided.
 - Staff are monitored to ensure compliance with the risk assessment and training.
 - The risk assessment is reviewed on an annual basis and update training is provided as appropriate.
 - Uniforms are only purchased from the approved Trust suppliers.
 - Ensure that employees are aware of and have access to the correct uniform for their area of work.
 - Replacement uniforms are provided as required and in agreement with the line manager and the employee.
 - Managers must ensure staff have access to the Uniform and dress code policy, and it has been shared. Managers need to refer to Appendix C in this policy and the Trust Disciplinary policy in managing any non-compliance issues.
 - Managers have a responsibility to highlight any uniform non-compliance with any individual who enters their wards/departments and highlight this with their immediate Manager.
 - Complete the audit tool on an annual basis (Appendix B).
- 16.2 Staff members must:
 - Adhere to the standards of dress and personal appearance to their staff group and job role at all times.
 - Maintain awareness and comply with this policy.
 - Inform their line manager in a timely manner should their uniform need replacing.
 - Inform their manager of any discretionary reasons they may need adjustments to be accommodated to this policy.

- Comply with this and any other associated policies.
- Attend any training provided in relation to the safe use of personal protective equipment (PPE)
- Wear any uniform and use protective equipment provided in accordance with the risk assessment.
- Make uniforms and equipment available for inspection on request of the Manager.
- Bring to the attention of the manger when uniforms have become worn or need repair / replacement.
- Return any uniform or PPE to the manager when the individual leaves their post or no longer requires it.
- Notify the manager when they establish that they are pregnant so that a maternity uniform can be provided in a timely manner.

16.3 The Human Resource department will provide guidance to managers and employees to ensure the policy is followed fairly and consistently.

16.4 Human Resources will also offer support and advice to both managers and employees who wish to discuss a deviation from the policy due to cultural/religious/medical or personal.

17. Training

17.1 The Uniform Policy is discussed with staff at Trust induction, via mandatory training and at local ward/departmental induction.

18. Equality Impact Assessment and Mental Capacity

18.1 An [Equality and Impact Assessment](#) has been completed on this policy and there were no equality issues identified.

19. Success Criteria / Monitoring Effectiveness

19.1 The requirements of this policy will be subject to annual audits. The audit tool can be found in Appendix B.

19.2 Managers are required to report back to their Matrons and local governance committee their finding of the uniform and dress code audits, with action plans as appropriate.

19.3 If a member of staff does not meet the standards of dress code described in the policy, they will be asked not to wear the inappropriate item again. The Trust reserves the right to ask the staff member to go home and change into something more appropriate.

19.4 In circumstances where a staff member persistently breaches the guidelines in this policy, they may face action under the Trust's disciplinary procedure.

19. Review

20.1 This document may be reviewed at any time at the request of either staff side or management but will automatically be reviewed on a three yearly basis unless organisational changes, legislation, guidance, or non-compliance prompt an earlier review.

21. Further Information

Associated Documentation

The main legislation that affects an organisation's response to the transmission of infection via uniforms or work wear is as follows:

- The Health and Safety at Work Act 1974 sections 2 and 3. Section 2 covers risks to employees and section 3 to others affected by their work e.g., patients.
- The control of substances Hazardous to Health Regulations 2002 (COSHH). Further information about COSHH and its applicability to infection control can be found at www.hse.go.uk/biosafety/healthcare.htm
- Management of Health and Safety at work Regulations 1999 (Management Regulations), that extends the cover to patients and others affected by microbiological infections and include control of infection measures.
- "Securing Health together, "The Health and Safety Executive (HSE) long term strategy for occupational health, which commits HSE/Health and Safety Commission and their fellow signatories (including the Department of Health) to a 20 % reduction in ill health caused by work activity by 2010.
- Health Act 2005 Code of Practice, Duty 4 to maintain a clean and appropriate environment includes at section (g) that the supply and provision of linen and laundry reflects Health Service Guidance HSG95 (18), as revised from time to time and at section (h) that clothing (including uniforms) worn by staff when carrying out their duties is clean and fit for purpose.
- Staff who are required to wear a clinical uniform, can claim tax relief. Guidance can be sought via the HR team, but clinical staff can claim directly via HMRC.

References

- Department of Health: (2008) The Health and Social Care Act 2008: A Code of Practice for health and adult social care on the prevention and control of infections and regulated guidance. London. Department of Health
- Department of Health: (2007) Uniforms and Work wear: An evidence base for developing local policy. London. Department of Health 2007
- Department of Health: (2010) Uniforms and Work wear; Guidance on uniform and work wear policies for NHS employers. London Department of Health 2010
- Royal College of Nursing (2013) - Wipe it out- One Chance to get it right: Guidance on uniforms and work wear.

Appendix A - Glossary of Terms

Patient

This term is used when referring to the NHS population as a whole. Also, for the purpose of this policy it is used to mean, service user, resident, client etc.

Direct care

This term refers to employees in both clinical and non- clinical settings who give direct hands-on patient care e.g., assisting with personal hygiene, giving injections etc. It also references all professionals who deliver direct face to face intervention with a child, young person or their parent or carer.

Non- direct care

This term refers to employees who do not provide patient care but may refer to employees who have access to / work with patient equipment / patient environment.

Infection Prevention and Control

Is the prevention and management of infection through the application of research- based knowledge to practices that include standards precautions, decontamination, waste management, surveillance, and audit.

Appendix B - Audit Tool Link

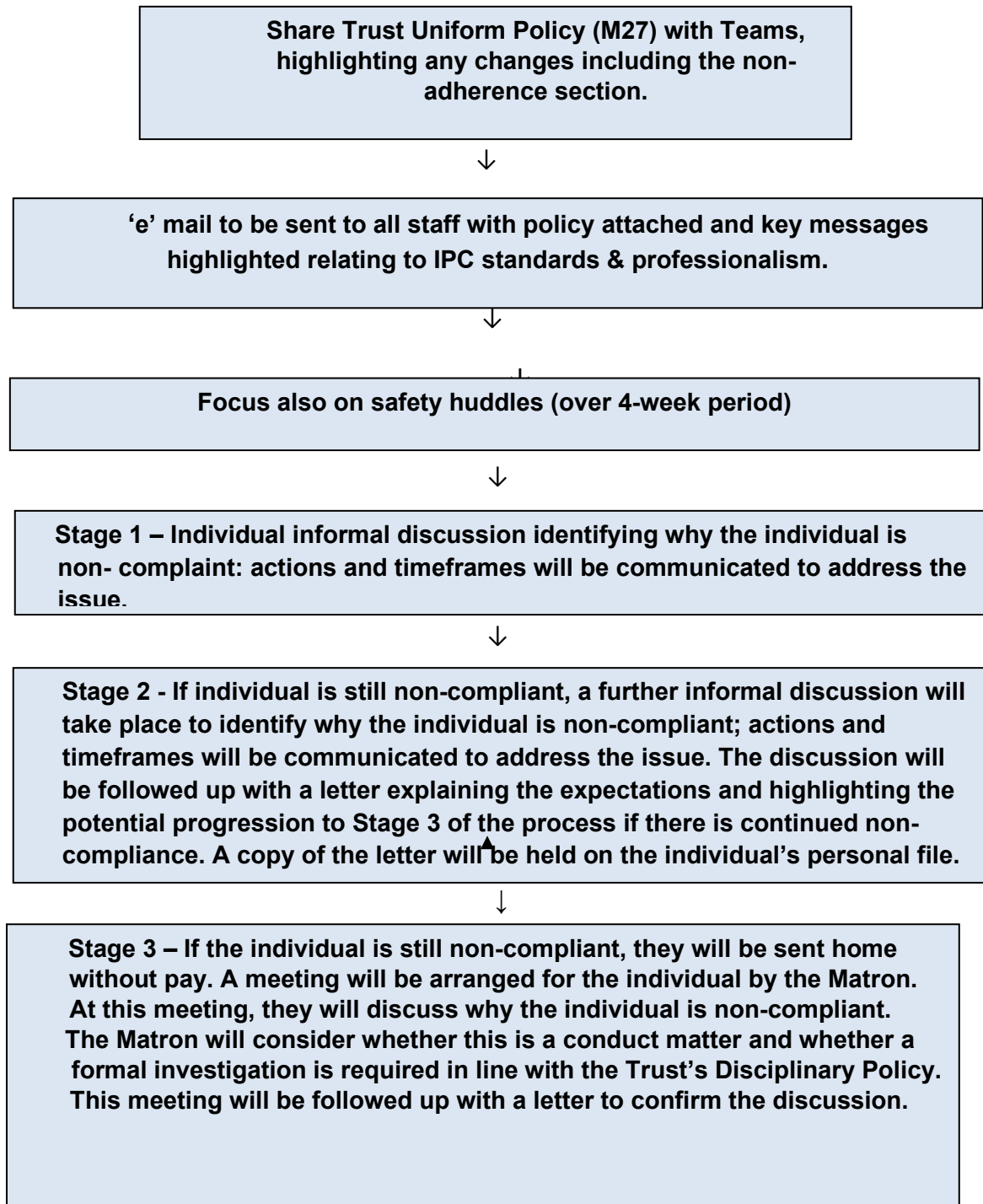
https://forms.office.com/Pages/ShareFormPage.aspx?id=G888R1c5sE6Cur6KaqH2Su-SE7DNI0BGqE_hZ_0ybkpUNDI3WDNUUjE3Vzq1MUEzQlcwR0ZHVFbkMC4u&sharetoken=FsI0Ac6AWaREnd87rl1m

Appendix C – SOP re Non-Compliance

Escalation pathway for non-compliance of the newly revised Uniform policy (C24) and Stage 3 Matron letter

Introduction

This pathway identifies actions to be taken, following non-adherence to The Trust Uniform Policy (C24)



Stage 2 Letter Template

Private and Confidential

<Name>
<address>
<address>
<post code>

Eaton Road
Liverpool
L12 2AP
www.alderhey.nhs.uk
0151 228 4811

<date>

Dear <Name>

Stage 2 Discussion under the Trust's Uniform and Dress Code Policy

I write further to the informal discussion I had with you on <DATE>. The reason for this was due to your non-compliance with the Trust's Uniform and Dress Code Policy. [PLEASE INCLUDE SPECIFICS ABOUT THE NON-COMPLIANCE].

In response to this you explained [PLEASE INCLUDE THE EMPLOYEE'S RESPONSE]

I advised you that such behaviour is not acceptable and that you are expected to comply with the Trust's Infection Prevention and Control standards (which includes uniform and dress code) at all times. In failing to do so it has the potential to impact on patient safety and is not professional.

I provided you with a copy of the Trust's Uniform and Dress Code policy and asked that you ensure that you comply with this going forward. I also reminded you of the Trust values, and asked that you ensure you are familiar with these and uphold them in your conduct at work.

I must advise that should there be any repetitions of this or any similar incident, it will be necessary to move to the next stage of this process which may result in you being asked to leave the premises, without pay, to give you a further opportunity to address the non-compliance issue. Any further non-compliance issues, may be considered as a conduct matter which may result in a formal investigation in line with the Trust's Disciplinary Policy.

You are a valuable member of the team and therefore, if there is any support you require from me at this time, please do let me know.

I would like to remind you of the contact details for the Staff Advice and Liaison Service (SALS), the Trust's confidential hub for staff who need advice, guidance or support who can be contacted via staffadvice@alderhey.nhs.uk should you wish to use their services.

Should you require clarification of this letter, please do not hesitate to contact me.

Yours sincerely

NAME
ROLE

Enc: Trust Uniform and Dress Code Policy

cc: Human Resources

Stage 2 Letter Template

Private and Confidential

<Name>
<address>
<address>
<post code>

Eaton Road
Liverpool
L12 2AP
www.alderhey.nhs.uk
0151 228 4811

<date>

Dear <Name>

Stage 3 Discussion under the Trust’s Uniform and Dress Code Policy

Thank you for meeting with me on to discuss concerns in relation to your non-compliance with the Trust’s Uniform and Dress Code Policy (M37).

As you are aware there have been informal discussions with you on DATES regarding your non-compliance with the Trust’s Uniform and Dress Code Policy. Following the discussion on DATE you were provided with a letter which clearly set out the expectations of you in line with the policy as well as informing you of the actions that would be taken in relation to further non-compliance.

It has been brought to my attention that you were non-compliant with the Uniform and Dress Code Policy for a third time [INCLUDE DETAILS HERE] and that you were asked to leave your shift to address the issue. [PLEASE INCLUDE SPECIFICS ABOUT THE NON-COMPLIANCE].

In response to this you explained [PLEASE INCLUDE THE EMPLOYEE’S RESPONSE]

I advised you that such behaviour is not acceptable and that you are expected to comply with the Trust’s Infection Prevention and Control standards (which includes the Uniform and Dress code policy) at all times. In failing to do so it has the potential to impact on patient safety.

I provided you with a copy of the Trust’s Uniform and Dress Code policy and asked that you ensure that you comply with this going forward. I also reminded you of the Trust values and asked that you ensure you are familiar with these and uphold them in your conduct at work.

As explained during the meeting, I gave consideration as to whether this non-compliance should be treated as a conduct matter in line with the Trust’ Disciplinary Policy. In doing so I decided

[DELETE AS APPROPRIATE]

that a formal investigation, in line with the Trust’s Disciplinary Policy is required. The next communication you will have will be from the Case Manager who will provide you with the details of the formal investigation.

OR

on this occasion there will be no need for a formal investigation, in line with the Trust's Disciplinary Policy. [EXPLAIN THE REASONS FOR THIS DECISION]. However, should there be further non-compliance it may be necessary to revisit the process at Stage 3.

I would like to take this opportunity to remind you that you are a valuable member of the team and are missed when you are not available for duty. If there is any further support you require from me at this time, please do not hesitate in contacting me.

I would like to remind you of the contact details for the Staff Advice and Liaison Service (SALS), the Trust's confidential hub for staff who need advice, guidance or support who can be contacted via staffadvice@alderhey.nhs.uk should you wish to use their services.

Should you require clarification of this letter, please do not hesitate to contact me.
Yours sincerely

NAME

Matron

Enc: Trust Uniform and Dress Code Policy
Trust Disciplinary Policy

cc: Human Resources

Appendix D – Uniform Colours

The national uniform review has been completed for nurse and AHPs. The below chart will be amended for all Trust staff who wear a clinical uniform to reflect the new colourways. It will also reflect any uniform changes for staff groups that fall outside of the scope of the review.



Document Control Sheet

Title of Document	
Version:	
Ratified by:	
Date ratified:	
Name of originator/author:	
Approved by:	
Date approved:	
Date issued:	
Review date:	

Version Control Table				
Version	Date	Author	Status	Comment

Review & Amendment Log			
Record of changes made to document since last approved version			
Section Number	Page Number	Change/s made	Reason for change

Equality Impact Assessment

Equality Analysis (EA) for Policies	
<p>The Public Sector Equality Duty (section 149 of the Equality Act 2010) requires public authorities to have due regard for the for need to achieve the following objectives in carrying out their functions:</p> <ul style="list-style-type: none"> a) Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Equality Act 2010. b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it. c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. <p>Please refer to Equality Analysis Stepwise Guide for Policies when completing this form</p>	
Policy Name	Uniform Policy
Policy Overview	The policy identifies the necessary clothing principles and requirements that all staff need to follow whether in uniform or not, to ensure compliance with infection control guidance and to portray a professional image to patients and the public.
Relevant Changes (if any)	Complete review and update on the management of non-compliance
Equality Relevance Select LOW, MEDIUM, or HIGH	LOW
If the policy is LOW relevance, you MUST state the reasons here.	The equality issues associated with this policy are minimal. Those that are applicable are covered in detail in the policy.
Form completed on:	Date: 31/07/2024
Form completed by:	Name: Phil O'Connor Job Title: Deputy Director of Nursing

Approval & Ratification of Equality Analysis		
Policy Author:	Name: Phil O'Connor	Job title: Deputy Director of Nursing
Approval Committee:	Infection Prevention and Control Committee	
Ratification Committee:	HR Policy review Group Clinical Quality Steering Group	
Person to Review Equality Analysis:	Name: Phil O'Connor	Review Date: 08/11/2025
Comments:	Click here to enter text.	