



Dress Code and Uniform Policy

This procedural document supersedes: CORP/EMP 20 v.2 – Dress Code and Uniform Policy.



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Approved by:	Workforce and Education Committee
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Target audience	All Trust Staff, Contractors, Students

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 3	21 August 2017	This policy has been revised at sections: 4.1.5, 4.1.7, 4.2.1, 4.2.6, & 4.4 Please read in full.	Kirsty Clarke
Version 2	29 July 2013	This policy has been extensively re-written, please read in full.	Victoria Bagshaw & Deirdre Fowler

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1. INTRODUCTION

The aim of this policy is to ensure that all staff (both directly and indirectly employed) whilst on duty within the Trust are dressed in such a way that maximises staff and patient safety, and projects a professional image. All agency staff, students, work experience and contractors are expected to adhere to this Policy.

The professional image presented by staff is an important component in the way we are perceived by colleagues, patients and the public. Uniforms make a profession recognisable, which in turn promotes trust and confidence. A professional image is one that is smart and simplified with limited personal adaptation, a professional appearance and manner is important to maintain patient and public confidence.

The Trust respects the right for staff to adhere to religious and cultural observances. However, consideration should be given to infection control, the operation of machinery, clear identification of staff and clear communication with patients. Staff who wish to make modifications to their uniforms or work attire to reflect their beliefs must agree them in writing with their line manager. Further advice can be obtained from People & Organisational Development.

Uniforms should not be visible outside the hospital unless on specific Trust business or with prior written authorisation. The general public's perception is that uniforms pose an infection risk when worn inside and outside clinical settings. This is reinforced by media comment, a lack of clear, accessible information and may have a damaging effect on the relationship between professionals and patients and the public image of healthcare workers.

2. PURPOSE

Adhering to the Dress Code and Uniform Policy applies to and is mandatory for all Trust staff. Standards of personal presentation in the workplace are expected to be high at all times and any uniform provided to be worn in the prescribed manner.

The purpose of the policy is to ensure that all staff are clear on the standard of dress expected while at work, whether wearing uniform or non-uniform. The dress code details the standards and image which the Trust wishes to convey to all patients/clients, partners and members of the public. In all cases, the following principles should be supported and promoted, in order to adhere to the recognised legal framework:

- Health, safety and well-being of patients
- Health, safety and well-being of staff
- Infection prevention and control
- Public confidence and professional image
- Professional accountability, as defined by professional bodies/councils

The application of this policy will;

- Ensure staff maintain a positive professional image and do not present themselves in a manner that might undermine confidence in the Trust or its services.
- Enable easy identification of role, profession and individual staff member is maximised through clear and visible staff identification.
- Ensure staff wear clothing in line with the principles of this policy
- Ensure that infection prevention and control and health and safety issues are addressed recognising the specific requirements for Personal Protective Equipment (PPE).
- Ensure that service users are confident with the policy.

Failure to follow a Trust Policy may result in disciplinary action being taken, up to and including dismissal.

3. DUTIES AND RESPONSIBILITIES

ROLES / RESPONSIBILITIES / FUNCTIONS

It is every member of staff's responsibility that this policy is upheld. The Trust has the right to expect that the standards in this policy are adhered to and line managers will regularly monitor adherence.

3.1 Chief Executive

The Chief Executive has overall responsibility for all policies and procedures within Trust.

3.2 Directors and Deputy /Associate Directors

The Directors and Deputy/Associate Directors will ensure that this policy is implemented within their sphere of responsibility and challenge staff not adhering to policy.

3.3 Director of Nursing Senior Team and Directorate of People and Organisational Development

The Director of Nursing and Quality senior team **and** Directorate of People and Organisational Development will provide appropriate technical advice and support throughout. All new employees at induction will be directed to this policy.

3.4 Matrons, Managers and Senior Clinicians

Matrons, Managers and Senior Clinicians have a responsibility to set the standard and role-model this policy and present a professional image at all times both in and out of

uniform. They have responsibility for ensuring the policy is adhered to within their area of responsibility and control. Line managers must ensure that:

- An initial set of uniforms is ordered, dependent upon the role and hours worked.
- Staff are aware of the standard of dress within the policy.
- Replacement uniforms are provided as required and in agreement with the line manager.
- Policy is implemented, compliance monitored and adhered to providing training where they feel it necessary.
- Ensure that any clothing that is provided to protect the Health & Safety of staff is fit for purpose and utilised in accordance with its designated purpose.

3.5 Staff

It is the employee's responsibility to:

- Adhere to the standards of dress and personal appearance appropriate to their staff group at all times.
- Inform their manager in a timely manner should their uniforms need replacing.
- Ensure uniforms are returned on leaving Trust.
- Comply with this and any other associated policy and procedures.

3.6 Management Action

Matrons and managers must observe that the general appearance and items worn with uniform by staff, are always appropriate for the workplace. That any issued uniform is clean and an acceptable fit. Where the uniform is unreasonably tight, it presents a restriction to movement, this must be addressed with staff, including advising how to obtain suitable alternative items.

Where dress is not in accordance with this policy, it is legitimate to ask staff to rectify this immediately. If this requires staff to return home to change, the time away from work will be unpaid. Repeated disregard of this policy will be considered in line with the Trust's Disciplinary Policy/Procedures.

4. PROCEDURE

4.1 General Principles

Clothing and appearance should project a professional image and must not cause embarrassment or offence to patients, colleagues, other staff or visitors to the Trust.

4.1.1 Uniform or non-uniform clothing must be clean and neatly pressed.

- 4.1.2** Where any member of staff provides patient care a ‘bare below the elbows’ policy must be adopted. Jackets/white coats/fleeces should be removed, shirt sleeves rolled up above the elbow in the clinical environment. The use of PPE should be used in accordance with [PAT/IC 19](#).
- 4.1.3** Non uniformed staff should be aware of the need to demonstrate a professional image to patients, relatives, customers and fellow staff, and to ensure their own and others safety. Clothing should be clean, modest and tidy; jewellery should be kept to a minimum and guidance within the policy adhered to. It must not cause a risk either from snagging or for infection prevention and control purposes.

4.1.4 Staff Identification

Clinical and customer facing administration staff should wear a Trust logo name badge which simply states their name and designation and this should be provided by the Trust. No more than two badges may be worn on the uniform or lanyard. Staff working with children and young people may wear an additional name badge suitable for the age group being cared for. Staff must ensure that current photo ID badges are available for presentation whenever requested, to optimise patient and staff security (this includes agency/locum and volunteers).

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.

4.1.5 Mobile phones, pages, bleeps

Utilisation of mobile phones or electronic devices in clinical areas e.g. tablets must be restricted strictly for patient benefit i.e. recording of patient care on Trust databases or software systems i.e. symphony, reviewing of clinically related applications appropriate to the task being undertaken i.e. review of Trust policy, Royal Marsden Clinical Procedures, Ignaz Handbook app.

Staff engaged in clinical activity within a clinical or community setting who are issued with a work phone, which is also a part of their health and safety safeguard, should keep their mobile phone on a low tone, bleep or vibrate whilst giving direct patient care, and only deal with a call between patients. It is recognised that some staff groups may need to be contacted to be mobilised for emergency cases i.e. on a daily basis not just when ‘on call’ and managers will clarify these exceptions for their staff.

4.1.6 No smoking policy

All staff should uphold the Trust’s ‘No Smoking Policy’ on the hospital site. Staff must not smoke when in uniform even if their uniform is covered, this includes all uniform i.e. tunic and trousers. This includes staff who drive in uniform to community clinics or to make house call.

4.1.7 Bank and Ad-hoc staff, including students

Any temporary workforce staff i.e. agency/NHSP/Students/Apprentices undertaking work for/with the Trust should wear the official uniform that reflects the position they are working in. Although staff belonging to these groups may have their own agency, NHSP, university/college uniform, they are nevertheless expected to comply with the principles of this dress code whilst working on placement within the Trust.

4.1.8 Maternity clothing

Suitable work clothing will be provided for pregnant clinical staff as required.

4.1.9 Tattoos

It is recognised that in today's society many individuals now have tattoos. Where a staff member has a tattoo in an area that remains exposed when wearing their uniform this must not be offensive. Where a tattoo is considered inappropriate or likely to cause upset to patients, carers, visitors or other staff the individual will be requested to cover the tattoo.

4.2 Uniformed Staff**4.2.1 Uniforms**

Uniforms should allow sufficient hip and shoulder movement for the safe moving and handling requirements of the job. Uniforms should be smart, safe and practical and should provide the wearer with mobility and comfort. Stockings, tights and socks (blue, black or neutral only) should not detract from the overall appearance of the uniform. Pens/scissors or any other sharp instruments should not be carried in outside breast pockets as they may cause injury when moving patients. Such items should be carried in hip pockets or inside breast pockets, and should be removed whilst carrying out patients' duties.

All uniforms must be clean, ironed and presentable on commencement of shift. Staff should have access to a spare uniform in case of accidental contamination by blood, body fluids or other noxious/toxic substances. All clinical staff, when they are on duty, should wear their regulation uniform, in compliance with the uniform policy. Belt buckles are discouraged as they present a moving and handling risk to patients therefore, should not be worn during manual handling.

Staff who are uniformed, are expected to be in correct uniform at all times when on duty. Staff, therefore need to ensure that they have a replacement uniform available at all times in case of untoward spillages or contamination.

Coloured tabards may be worn on wards whilst undertaking a medicine round, nutrition round or by staff working with children and young people. Local policies governing the use of tabards are in place in these areas. Strict infection prevention and control guidance must be adhered to and treated in the same manner as a uniform.

Plastic aprons must be removed before leaving the ward, patients' home or clinical areas and changed between patients in order to adhere to infection control principles. During times of outbreaks e.g. Norovirus where staff members need to cover multiple wards it will be an expectation for staff to change their uniform after leaving the affected ward.

4.2.2 Footwear

Footwear must be appropriate to the role employed. Footwear colour should be discreet and either black or blue when worn with a uniform.

Sensible plain, low heels and shoes that provide good support and an enclosed toe must be worn in clinical and front line working areas, to prevent damage to toes should a crush or other injury occur. Footwear must enclose the whole foot, and have non-slip soft soles with low heels.

Footwear should be a lace up or slip-on full shoe and have a soft sole and heel to minimise noise. These are provided by the staff member. Backless and/or open toe shoes or sandals, mules and flip-flops must not be worn as these constitute a hazard (Manual Handling Operations Regulations, 1992). If alternative footwear, including trainers or clogs, is required for medical purposes, the individual will be required to provide medical evidence and discuss the preferred option with their manager who will need to consider Moving and Handling and Health and Safety policy.

4.2.3 Jewellery

Please refer to the Infection Prevention and Control policy and Bare Below Elbow principles.

Clinical staff may wear a plain ring with **no** stones and one small pair of **plain** stud earrings.

Facial piercings are not permitted unless by prior permission due to religious/cultural reasons.

Wrist watches must be removed when giving direct patient care. Fob watches may be worn.

No necklaces, bracelets or anklets are to be worn when working in the clinical environment.

4.2.4 Ties

Where clinical staff wear ties these must be tucked into shirts, removed or held back with a tie pin whilst carrying out patient care. It is the individual member of staff's responsibility to ensure these are laundered or dry cleaned regularly.

4.2.5 White Coats

Where white coats are worn these are to be changed weekly as a minimum or when visibly contaminated. Good practice would not support the use of white coats in the clinical setting, however if used the sleeves need to be cropped to facilitate effective hand hygiene.

4.2.6 Hair

Hair should be clean, well groomed, tidy and **off** the collar, to reduce the incidence of bacterial growth around the collar. Uniformed staff should have their hair tied back (male and female staff) if it falls below the collar, longer than collar length. A long fringe should be fastened back and prevented from swinging across the face.

This applies to all hairstyles and types, including extensions, wigs, etc. Staff should consider the risks of wearing ponytails when caring for violent and aggressive patients. Where hair clips are worn, they must not have the potential to injure staff or patients, and must be kept clean to meet infection control standards. Where hair bands /fixings are worn they should be plain, dark coloured and also cleaned regularly.

The use of hair colourants is an individual choice, but all staff in direct contact with the public should consider if that choice meets patient expectations of a professional image. Staff considering use of hair colourants that are not of a natural hair colour i.e. non-natural vibrant colours pink, blue, green etc should consider their professional image and should remember patient's expectations of the professional image.

Male staff should ensure they are clean shaven and facial hair must be kept short, neatly trimmed or tidily secured.

4.2.7 Nails

Finger nails should be kept short and clean. Uniformed staff must not wear nail varnish, nail art or artificial nails whilst on duty. When viewed from the palm of the hand the natural fingernails should not project far beyond the pad of the finger. The wearing of /acrylic or gel nails is strictly forbidden, as they pose an infection control risk. Please refer to the Trust's Hand Hygiene Policy.

4.2.8 Travelling in Uniform

Trust uniform may only be worn outside the hospital premises if the staff member is on specific Trust duties or travelling via Trust provided transport. However, when doing so the uniform must be fully covered at all times. (This recommendation is made for the safety and security of all staff and to reassure the public).

Staff should change into and out of uniform at work however, if this is not possible and written management permission has been given to travel in uniform, then the uniform must be fully covered at all times.

Requests to wear uniform outside Trust premises for formal occasions or where promoting the Trust must be authorised by the Matron / Department Manager as appropriate. It is not permissible to wear uniform for political rallying or any informal events e.g. charity runs.

4.3 Clinical Staff - Additional Requirements

This applies to all staff engaged in direct patient contact.

Staff who wear their own clothes rather than a uniform when working in a clinical environment should adhere to the general principles of the standards set out above. In particular, they should ensure that their clothes, shoes and jewellery worn do not pose a potential hazard to themselves, patients or clients and other staff, from both an infection control and a health and safety perspective.

4.4 Operating Department Attire

This protocol incorporates the guidance sets out and should be read in conjunction with the operating department principles of safe practice ensuring the correct wearing of operating department attire within and outside the operating department. The principles incorporate the requirement to:

- Protect staff against contamination from blood and body fluids and the risks of cross infection and cross contamination.
- The need to promote a clean environment.
- The need to promote a professional image.

4.4.1 General principles

Staff/Visitors may come into the theatre suite general areas and anaesthetic rooms without changing into theatre clothes and shoes. Staff/Visitors **must not** enter prep rooms or operating theatres without changing into theatre attire. Where Prison staff are required to be present in theatres they should also follow these principles.

An adequate supply of theatre clothing is available at all times and stored in a clean and dry area.

Adequate provision for soiled linen is provided within the changing rooms. Soiled theatre clothes should be discarded according to Trust Policy for return to laundry. Laundering of theatre clothes in domestic laundries is not permitted as this can potentially raise the risk of cross infection in the home. Home laundering may not be of sufficiently high temperature to ensure adequate decontamination.

Single use protective equipment/clothing must be segregated and disposed of in line with Trust Policy.

4.4.2 Standard perioperative department attire

Must comply with all aspects outlined within this policy and in addition.

Clean attire as issued by the Trust should always be worn in a clinical area. Any item of operating department clothing must be changed as soon as possible when contaminated with blood or body fluids.

Hats must be worn when entering the operating room.

Hair must be completely covered at all times

Masks and goggles or visors to be worn by scrubbed personnel and where appropriate in accordance with standard precautions. All members of staff are to wear face masks during orthopaedic and vascular cases. A full mask covering beards etc should be worn where appropriate.

All staff must wear a photo identity name badge at all times. It is permitted to wear a name badge, which clips onto a hip pocket or attached to a lanyard.

All jewellery must be removed including watches, ear rings and any visible body piercing. Only a plain wedding band may be worn.

Theatre gowns must only be worn when scrubbed. Short disposable jackets are available non sterile if necessary but must be discarded at the end of each shift.

Theatre footwear should be of material that is washable and where possible should be able to be autoclaved.

Footwear should not be left soiled and contaminated but should be clean and stored ready for use. It is the responsibility of the individual to ensure that their shoes are decontaminated appropriately.

In areas where volatile or explosive gasses are used antistatic shoes should be worn and comply with BS EN ISO 20345 (BSI 2004).

Any footwear not recognised as 'Theatre footwear' may only be worn at the discretion of the Theatre Manager, and/or advised by Occupational Health and following a risk assessment. *Crocs are not deemed to be appropriate theatre footwear.*

4.4.3 Standard operating department attire outside of an operating department area

Theatre attire should only be worn in the theatre environment with the following exceptions:

- A member of staff answering a crash call should wear a disposable coat and change their clothing on their return to the department.

- A doctor who is called to the ward to see a patient should remove their hat, change their shoes and wear a white/blue coat. On return to theatre should change their theatre attire.
- Fire evacuation.
- Staff going to other Areas for Clinical Duties e.g. A/E and DSU.

4.4.4 Attire when outside operating department areas and outside clinical areas

All staff must remain mindful of public perception/confidence in our services when outside of theatre/clinical area wearing operating department attire (theatre scrubs).

No item of operating department attire can be worn when visiting non-clinical areas including the dining room, shops, outside the main building, out on the street and any other area that is considered to be outside an area where patient care / treatment occurs.

The wearing of scrubs in other clinical areas should only be by exception and with permission sought via the Trust's Heads of Nursing and Midwifery team. Scrubs if worn as standard uniform should be clearly labelled and should comply with dress code/uniform policy i.e. fit properly, neat and tidy.

4.5 Non-Uniform Staff – Dress for Work

Staff who wear their own clothes should ensure that they are suitable for work purposes; are clean and in a good state of repair, and should look professional at all times. The following should be avoided: Clothes that are revealing and may cause embarrassment or offence, (i.e. above mid thigh length; showing the midriff or underwear). Other examples include: clothes with logos or advertisements; sports clothing; shorts and jeans.

4.5.1 Personal Hygiene

All staff should maintain a high level of personal hygiene and appearance.

4.5.2 Make up and Nails

Make up should be discreet. Nails should be clean and nail varnish, where it is worn, should be in good condition. If working in clinical environment where patient and client care is undertaken, then acrylic nails and nail varnish are strictly forbidden as they pose an infection control risk.

4.5.3 Jewellery

Staff should ensure that their jewellery does not pose a risk to themselves or others. Facial piercing should remain discreet and facial jewellery should be plain and flat. This is to avoid potential harm. Employees must fully co-operate with their employer in meeting their legal responsibilities in relation to the Health and Safety at Work Act 1974.

4.5.4 Health and Safety

Clothing and footwear should be appropriate for the type of work individuals carry out, and not expose oneself or others to unnecessary risk. The slip, trip and falling hazards which mules, high heels, toe post or sling back shoes and sandals etc. can cause or exacerbate, should be considered when selecting work footwear. Potential hazards relating to the clothing worn should be considered as part of the risk assessment process. Staff issued with Personal Protective Equipment (PPE) or clothing for their safety must ensure they are worn, stored, used, cleaned, maintained, serviced and disinfected as appropriate and in accordance with the manufacturer's recommendations (the Personal Protective Equipment Regulations, 2002).

4.6 Laundry Guidance

Staff who are required to wear a uniform will be provided with an adequate number of uniforms. The Trust will, within resources available, purchase quality clothing that meets infection control and Health and Safety requirements, and reduces replacement costs. The uniform provided must be worn in accordance with the guidance detailed by the sewing room and maintained in a clean condition and in good repair. Healthcare workers' uniform must never be considered as PPE as uniform does not have the properties or function of PPE. Where a uniform has been worn in conjunction with appropriate PPE and is not visibly contaminated with blood or other body fluids, there is no evidence it poses any risk to healthcare workers or the public.

Some degree of contamination, even on uniform or clothing which is not visibly soiled will exist. Staff must therefore change out of their uniform promptly at the end of each shift. A clean and freshly laundered uniform must be worn daily.

The Trust has limited facilities for uniform laundering. Where staff launder their own uniform, the following guidance should be followed when handling and decontaminating socially soiled uniforms.

Used uniform should be kept separate at all times from clean uniform.

Apply good hand hygiene practice utilising soap and warm water before handling clean uniform and after handling soiled uniform.

Temperature

All uniform should be laundered at the highest temperature suitable for the fabric as per the care label.

Detergents and Additives

Use a detergent that is suitable for your skin type.

Do not add bleaches to the wash process or use for a 'whitening' effect.

Tumble Drying/Ironing

Uniform may be ironed or tumble dried as per the care label.

Storage and Transportation

Ensure laundered uniform is stored separately from used uniform.

Ensure all storage and transportation facilities are clean and washed regularly.

With regard to possible risk of exposure to blood and body fluids, several groups of health care workers uniforms are at greater risk of exposure. These groups of health care workers must **NEVER** take home, or wear home their uniforms to home-laundry:

- Theatre staff.
- Laboratory workers.
- Health care workers advised by IPCT not to home launder, e.g. during some outbreaks or exposure to certain pathogens.

Adherence to the above will ensure the risk of cross contamination from uniform is kept to a minimum.

4.7 Changes to Uniform Policy in Extreme Weather Conditions

There may be circumstances where the wearing of all, or part of the uniform may cause difficulties to staff. One example of this is in extremely hot or cold weather. Changes to uniform may be allowed at local level and following discussions with staff, managers have discretion to agree such changes. However this adaptation must endeavour to maintain a professional appearance and respect the general principles specified throughout this policy.

4.8 Tax Relief

Staff can claim tax relief in respect of laundry costs by writing to the local Inland Revenue Office, with their National Insurance number and details of cost. More information is available from union representatives.

4.9 Termination of Employment

Uniforms remain the property of the Trust and must be handed in by staff who leave or retire. ID badges must also be returned before leaving employment.

5. TRAINING AND AWARENESS

5.1 All staff will be made aware of this policy as part of their induction process. Existing staff will be made aware of this policy via a policy launch on the Trust intranet; through the distribution of a policy summary; by communications in Team Brief and from line managers.

5.2 The training requirements of staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead.

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

Monitoring and Evaluation

All line managers will ensure this policy is cascaded to their current staff and monitor implementation and compliance.

All new staff and volunteers should be made aware of the policy. This should include employees of the Trust and employees of other organisations who work at the Trust. Agency staff, work experience placements and contractors must also be made aware of and adhere to the Policy.

The policy will be formally reviewed every 3 years.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Suitability of policy	Director of Nursing/Heads of Nursing	At least every three years, or if legislation or best practice changes	Monitor best practice and legal updates if required
Effectiveness of the arrangements	All line managers	Daily	Observation. Any continued non-compliance will be escalated and may result in disciplinary action.

Non Compliance with the Policy

Staff who are deemed by a matron, line manager or senior person on duty to be contravening the Uniform/Dress Code policy will be asked to adhere with the recommendations as soon as practicably possible. Failure to comply with this policy may result in disciplinary action being taken.

It is recognised that the application of this policy to non-uniformed staff may require some judgement in relation to interpreting the standard and principles described.

Consistency in interpretation will be achieved by managers liaising with the human resource advisors or the corporate nursing team, if any areas of disagreement arise between staff and managers.

7. DEFINITIONS

PPE – Personal Protective Equipment

IPCT – Infection Prevention and Control Team

8. EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 1).

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

CORP/EMP 4 – Fair Treatment for All Policy

CORP/EMP 27 – Equality Analysis Policy

Infection Control (PAT/IC) – all Infection control policies, particular relevance to:

[PAT/IC 21](#) - Laundry Policy – Bagging Procedure for Linen

[PAT/IC 27](#) – Gastroenteritis Policy (Diarrhoea and Vomiting)

[PAT/IC 5](#) - Hand Hygiene

[PAT/IC 19](#) – Standard Infection Prevention and Control Precautions Policy

Principles of Safe Practice In The Operating Department – Local procedure document.

10. REFERENCES

Johnson, A. 2007. DH Press Release 0269

Department of Health 2007. *Uniforms and work wear: an evidence base for developing local policy* gateway 8532. DH, 2007

Department of Health (2010) Guidance on Uniform and Workwear

Manual Handling Operations Regulations, 1992

Match O. 2005 *Presenting a professional image*. University of Hertfordshire

NUH Disciplinary Policy (1 July 2010)

NUH Values and Behaviours

Personal Protective Equipment Regulations, 2002)

Policies for NHS Employers

Royal College of Nursing 2005 *Guidance on uniforms and clothing worn in the delivery of patient care* RCN,

Royal College of Nursing (2009) Guidance on uniforms and staff wear

APPENDIX 1 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
CORP/EMP 20 v.3 - Dress Code and Uniform Policy	Surgical Care Group/People & OD	Kirsty Clarke	Existing	28.03.17
1) Who is responsible for this policy? Name of Care Group/Directorate: Surgical Care Group				
2) Describe the purpose of the service / function / policy / project/ strategy? Policy directing clinical staff of what work wear is acceptable in the workplace.				
3) Are there any associated objectives? No				
4) What factors contribute or detract from achieving intended outcomes? N/A				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No				
<ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] 				
6) Is there any scope for new measures which would promote equality? [any actions to be taken]				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4				
Date for next review: August 2020				
Checked by: Karen McAlpine		Date: 28.03.17		