



Dress code policy

Lead executive	Director of Infection, Prevention and Control
Author and contact number	Infection Prevention and Control Team – 01244 397700

Type of document	Policy
Target audience	All CWP staff including those employed via temporary staffing, agency staff, students, volunteers, staff on placement within CWP and anyone working with Trust clients on Trust premises.
Document purpose	The objective of this policy is to ensure that workers dress appropriately for their role whilst on duty and in a manner which promotes the professional image of the Trust and protects service users and employees whilst also adhering to Trust Infection Prevention and Control standards.

Document consultation		
AMH – Wirral	Yes	All Ward Managers, Modern Matron
AMH – West	Yes	All Ward Managers, Business Support Manager Team Manager, Crisis Resolution Home Treatment Team, Modern Matron
AMH – East	Yes	All Ward Managers, Modern Matron
D&A services	Yes	All Ward Managers, Modern Matron
CAMHS	Yes	Lead Nurse, Drug and Alcohol Services
LD services	Yes	All Ward Managers, All Modern Matrons
CCWC services	Yes	Operational Business Manager, Head of Therapy Services
Corporate services	Yes	Chief Pharmacist, Deputy Director of Nursing and Therapies and Director of IPC.
Staff side	Yes	RCN Representative
Other –	Yes	Involvement Specialist
Groups / Committees	No	

Approving meeting	Infection Prevention and Control Sub Committee	18-Jul-13
Original issue date	May-08	
Implementation date	Jul-13	
Review date	Jul-18	

CWP documents to be read in conjunction with	HR6 IC2 IC3 HR3.3	Mandatory Employee Learning (MEL) policy Hand Decontamination Policy and Procedure Universal Precautions Policy Trust Disciplinary Policy and Procedure
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Training requirements	Yes - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA)
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Financial resource implications	No
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Equality Impact Assessment (EIA)

Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
• Race	No	
• Ethnic origins (including gypsies and travellers)	No	
• Nationality	No	
• Gender	No	
• Culture	No	
• Religion or belief	No	
• Sexual orientation including lesbian, gay and bisexual people	No	
• Age	No	
• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
• If so can the impact be avoided?	N/A	
• What alternatives are there to achieving the document without the impact?	N/A	
• Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the human resource department.

Was a full impact assessment required?	No	
What is the level of impact?	Low	

Document change history

Changes made with rationale and impact on practice
1. Issue No.3 Update to support compliance with DH (July 2010)
2. Issue No.3 Page 1: Recode from the HR category to Infection Control
3. Issue No.6 Page 1: Change of Infection Prevention and Control Team telephone number
4. Issue No.6 Page 1: list of staff who have been asked to comment on this policy
5. Issue No.6 Page 3: Additional referencing
6. Issue No.6 Page 5: Additional referencing and updating of existing references
7. Issue No. 6. Page 7: Additional guidance re. footwear
8. Issue No. 6 Page 3: Referencing re. footwear

External references

References
1. NHS Employers (2011) Dress codes and discrimination. Retrieved from the World Wide Web December 28th 2011. http://www.nhsemployers.org/EmploymentPolicyandPractice/EqualityandDivrsity/Pages/DresscodesandDiscrimination.aspx
2. Department of Health (2010) Uniforms and work wear: Guidance on uniform and work wear policies for NHS employers. Retrieved from the World Wide Web December 28th 2011. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114751

References

3. Jeans A.R., Moore J., Nico C., Bates C and Read R.C. (2010). Wrist watch use and hospital acquired infection. *Journal of Hospital Infection*. Vol 74 (1). P.16-21.
4. Department of Health (2011). The Code of Practice for the prevention and control of infections and related guidance. Retrieved from the World Wide Web May 8th 2013.
<https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>
5. Royal College of Nursing (2009). Guidance on uniforms and workwear. Retrieved from the World Wide Web May 8th 2013.
http://www.rcn.org.uk/__data/assets/pdf_file/0010/78652/002724.pdf
6. Wilson JA, Loveday HP, Hoffman PN and Pratt RJ (2007) Uniform: an evidence review of the microbiological significance of uniforms and uniform policy in the prevention and control of healthcare associated infections. Report to the Department of Health (England). Retrieved from the World Wide Web December 28th 2011.
<http://www.library.nhs/booksandjournals/details.aspx?t=Uniform+policy&stfo=True&sc=bnj.ebs.cinahl&p=1&sf=srt.unspecified&sfld=fld.title&sr=bnj.ebs&did=2009675013&pc=2&id=4>
7. CWP Safety and Security Lead (2013). Email communication to policy author

Monitoring compliance with the processes outlined within this document

Please state how this document will be monitored. If the document is linked to the NHSLA accreditation process, please complete the monitoring section below.

This policy will be monitored as part of the Modern Matrons monthly audits. The results of these audits are then noted at the IPCSC meetings.

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1. Aims

The purpose of a dress code policy is to ensure that all staff within the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) dress appropriately for their role and in a manner which will promote the professional image of the NHS and CWP. It is a requirement of the Health Act (2008, revised 2011) Code of Practice for the prevention and control of infections that trusts have a robust uniform and dress code policy in place (Department of Health, 2011).

Although there is no conclusive evidence that uniforms and work wear play a direct role in spreading infection, the clothes that staff wear should facilitate good practice and minimise any risks to patients. (Department of Health, 2010 and Royal College of Nursing, 2009).

All staff and CWP employees and workers acting on behalf of CWP are required to adhere to this policy.

2. Principles

This policy identifies standards of dress which are expected by CWP. It will ensure that all staff, regardless of role, meet the requirements of health and safety, infection prevention and control and external agencies.

3. Definition

For the purpose of this policy staff working in clinical areas irrespective of their role (nurses, doctors, wards clerks or staff visiting the area) will follow the standards set out in this policy.

Clinical areas are defined as the following:

- Wards;
- Outpatients clinics;
- Service user / patient homes where clinical activity takes place or there is the potential for clinical activity to take place.

It is accepted that there may be certain activities or occasions when the dress code may be relaxed, e.g., team away days, moving office or care and responsibility training. Agreement should be sought from the clinical services manager or head of department in these circumstances and a common sense approach applied.

This policy applies to CWP employees and workers acting on behalf of CWP, as follows:

- All staff employed by CWP;
- Bank staff;
- Temporary staff;
- Agency staff;
- Students;
- Workers on placement or undertaking voluntary work;
- Contracted staff as per DH guidance (2011).

All employees have a responsibility for their own health and safety and that of their colleagues. The guidance set out below is aimed at ensuring that risk to self and others is minimised.

It should be noted that this policy does not cover in detail the use of protective clothing. Where protective clothing is issued for reasons of health and safety or hygiene, it must be used with and disposed of in line with universal precautions.

This policy applies to all workers. It aims to be flexible, allowing workers to dress in accordance with their religious beliefs and taking into account any disabilities. All staff must comply with health and safety and infection prevention and control standards. Particular emphasis is laid on the importance of workers undertaking their roles effectively and safely. Political beliefs, patriotism and anything contrary to public morals are not covered by discrimination law and as such staff will not wear clothing or badges that may cause offence to others.

4. Professional appearance

Dress must be smart, clean, without logos or excessive graphics (except for the CWP logo) and appropriate for the duties of the post, e.g., a suit, smart separates. Visible 'midriffs' and low cut tops are not acceptable or any attire that may be misconstrued as being provocative, revealing or offensive to others. Body or facial piercing other than a pair of plain stud earrings should not be visible unless they are worn for cultural or religious reasons. Staff may be asked to cover up tattoos if they may be considered offensive to others (refer to Section 6.5).

Staff choosing to wear a veil will be required to uncover their face whilst engaged in client contact (NHS Employers, 2011).

The following list identifies what dress is considered acceptable by all staff. All items should be of neat appearance:

- Jackets / coats;
- Jumpers / cardigans;
- Plain belts (no buckles);
- Shirts / blouses (with or without ties) - (section 6.7 Bare below the elbows);
- Smart trousers (no denim, track suit bottoms, leggings or combat trousers);
- Plain tights;
- Smart enclosed (heel and toe) shoes / boots; Boots must be below the knee; over the knee boots are not acceptable;
- Smart T-shirts and polo shirts with collar – no excessive or offensive graphics;
- Dresses / skirts;
- Suits – ties must be tucked away or removed during clinical intervention and direct client contact;
- No shorts;
- No scarves.

5. Uniforms and / or corporate dress

In areas where staff are required to wear a uniform, these must be worn correctly whilst on duty. Uniforms should not be worn outside of work unless staff are on official CWP business and except for the purpose of travelling to and from work. Where changing facilities are provided, staff should change into and out of uniform at work. Uniforms must be clean at all times and professional in appearance (Department of Health 2010).

A uniform is not classed as protective clothing and staff must ensure that personal protective equipment is worn additionally as set out in the [Universal Precautions Policy](#) under Section 6.

For details on NHS Supplies approved uniforms and ordering, please contact NHS Supplies at Clatterbridge Hospital on 0151 334 4000.

6. Infection prevention and control in clinical areas as defined in section 3.

6.1 Hair

Staff working in clinical areas or handling food are required to tie long hair back off the collar using a plain band. Ornate hair clips not permissible as they may pose a safety risk.

6.2 Clothing contamination

All dress including uniforms must be clean, pressed, in a good state of repair, and laundered as per manufacturing instructions. Items must be capable of being washed at the hottest temperature suitable for the fabric (Department of Health, 2010 and Royal College of Nursing, 2009). A wash for 10minutes at 60 degrees centigrade removes all micro-organisms. Washing with detergent at lower temperatures (30 degrees centigrade or above) eliminates MRSA and most other micro-organisms (Department of Health, 2010 and Wilson et.al 2007).

Clothing that can be washed at a low temperature or is 'dry clean only' is therefore not recommended. If a uniform or item of clothing becomes contaminated with blood and / or body fluid, this must be removed and cleaned (advice may be sought from the infection prevention and control nurses). Staff should consider having a change of clothes available in areas where this situation is likely to occur.

6.3 Nails

Nails must be kept clean and short and nail varnish is not to be worn. Artificial and long nails are not permissible (clinical and non clinical staff working within clinical areas), as there is evidence these increase the number of bacteria present on the hands and prevent effective hand decontamination (Department of Health, 2010).

6.4 Jewellery

The only jewellery that is permissible is a plain wedding band and one pair of small ear studs. Jewellery including facial piercing or ear piercing beyond one pair of small ear studs is not permitted. Wrist watches are not to be worn in clinical areas in line with the CWP hand decontamination policy and procedure. It has been demonstrated that staff who wear wrist watches have increased bacterial contamination of their wrists compared to staff who do not wear wrist watches (Jeans et.al 2010). Bracelets, necklaces, rings with stones and charity bands are not to be worn as they can pose a health and safety risk to the individual and will also hinder a thorough hand washing technique; they can also damage personal protective equipment such as gloves, thereby reducing their efficacy (Department of Health, 2010).

6.5 Tattoos / piercing

Any member of staff who is considering having a tattoo, body piercing or similar should be aware that this may result in an open wound and, as such, advice should be sought from the infection prevention and control nurses and / or occupational health. A discussion will also need to take place with the line manager in cases where the procedure is likely to affect a person's ability to carry out certain duties whilst the wound heals. In any instance, all wounds should be covered with a clean occlusive dressing until completely healed.

6.6 Footwear

Footwear should cover the foot including the toe and all of the upper foot, i.e., open-backed shoes are not permitted. A heel strap, if secure, is acceptable. All footwear must be easily cleanable, should protect the foot from injury and should be able to tolerate spillages of, e.g., blood and body fluid. Soles should be non-slip and heels should be low to prevent falls. Footwear worn by staff in inpatient areas must be no higher than an ankle height (CWP Safety and Security Lead, 2013). Motor cycle boots or military type boots are not acceptable in any area (CWP Safety and Security Lead, 2013). Trainers that meet the above criteria are permitted in gym areas for designated e.g. musculoskeletal physiotherapy and podiatry staff. Trainers are not permissible for any other members of staff.

6.7 Bare below the elbows

Staff will be bare below the elbow when engaged in any activity that involves touching a service user.

Short sleeved shirts, blouses and jackets will lessen the risk of any cross infection and clothing becoming contaminated. If long sleeves are worn, they **must** be rolled up when engaged in "hands on care" or any intervention which would require decontamination of the hands afterwards. Cuffs can become heavily contaminated and are more likely to come into contact with service users (Department of Health, 2010).

Where, for religious reasons, members of staff wish to cover their forearms or wear a bracelet (e.g., the Sikh Kara) when not engaged in direct service user care, they must ensure that sleeves or bracelets can be pushed up the arm and secured in place for hand washing and direct service user care activity (Department of Health, 2010).

7. Food handling

The requirements vary according to role but in general protective clothing should be suitable for the work:

- No jewellery should be worn except for a plain wedding band;
- Heavy makeup and perfume which may taint food must not be worn;
- Clean aprons must be worn every day;
- Long hair must be tied back off the collar;
- If a uniform is supplied, it must be kept clean and in good repair and laundered in keeping with the manufacturer's instructions;
- Nails must be kept short and free of nail varnish, overlays / acrylic nails are not acceptable;
- Hats and safety shoes, if supplied, must be worn at all times.

8. Staff working in departments other than clinical areas

There are staff who do not perform a clinical role, who do not visit clinical areas such as wards and are not based in or visit any community settings. The employees in such areas will be expected to meet appropriate health and safety and infection, prevention and control requirements e.g. professional appearance, sensible footwear and discrete type jewellery.

8.1 Staff visiting clinical areas

These staff e.g. Human Resources and finance staff etc. will be expected to abide by the dress code for that area.

9. Failure to comply with the dress code

Members of staff who do not comply with this policy will be subject to disciplinary action in line with the [trust disciplinary policy and procedure](#).

10. Duties and responsibilities

10.1 Executive Directors

The executive directors have responsibility for the effective implementation of this policy within their departments.

10.2 Director of Infection Prevention and Control (DIPC)

The DIPC is responsible for ensuring that this policy and standards are in place for the prevention of infections.

10.3 Modern Matrons / Senior Nurses and Infection, Prevention and Control Team (IPCT)

The IPC audits carried out by the IPCT incorporate surveillance of uniform, dress code and hygiene, and any concerns are raised directly with the line manager to be addressed and actioned.

10.4 All Line Managers (clinical and non clinical)

Line managers will monitor their staff's adherence to this policy and will take action where staff are non compliant. This should be addressed immediately if there is a risk to patients of staff otherwise within supervision. Spot check audits will be carried out within each service area and results feedback to staff and the appropriate service line management.

10.5 All Staff

CWP employees and workers acting on behalf of CWP are required to adhere to this policy.