

Dress Code & Uniform Policy

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| Document Data | | | |
| Document Type: | Policy | | |
| Document Reference: | 11136 | | |
| Document Status: | Approved | | |
| Document Owner: | Head of HR Services | | |
| Executive Lead: | Director of People | | |
| Approval Authority: | Staff Partnership Forum | | |
| Review Cycle: | 36 Months | | |
| Date Version Effective From: | 01/11/2021 | Date Version Effective To: | 31/10/2024 |

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|--------------------------------|---|
| What is in this policy? | <p>The policy ensures that all staff working within University Hospitals Bristol & Weston NHS Foundation Trust (the Trust or UHBW) understand the expected standards of the dress code, whether clinical or non-clinical, in uniform or non-uniform.</p> <p>The Trust's Workforce Diversity & Inclusion Strategy sets out the ambition to be 'committed to inclusion in everything we do'. Ensuring dignity and respect for patients and staff is a core principle within this strategy, and promoting equality, diversity and human rights while challenging any form of inequality, discrimination and harassment is central to the Trust's Values.</p> <p>This Trust will not tolerate discrimination, harassment or bullying under any circumstances and particularly because of a protected characteristic. This is supported by the Trust's commitment to the Equality Act 2010 and its Public Sector Equality Duties as defined by the Act.</p> <p>Our Human Resources policies are written with this commitment as a guiding principle, to ensure that the policies and their application are inclusive and supportive to all of our staff.</p> |
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| Document Change Control | | | | |
|-------------------------|----------------|--------------------------------------|------------------|--|
| Date of Version | Version Number | Lead for Revisions | Type of Revision | Description of Revision |
| Dec 09 | 1 | Chief Nurse | none | First draft |
| Nov 10 | 7 | Chief Nurse | minor | |
| July 14 | 8 | Chief Nurse/ Chief Operating Officer | minor | |
| July 16 | 9 | Chief Nurse/ Chief Operating Officer | minor | Minor changes |
| July 18 | 10 | Chief Nurse/ Chief Operating Officer | minor | Minor changes following feedback to sections concerning: 6.1 Tattoos 6.3 Cardigans and fleeces 6.4 Clogs 6.6 Piercings. 6.9 Hair 8 Monitoring requirement by divisions |
| Aug 19 | 10.2 | HR Advisor | minor | Minor changes following feedback to sections concerning: 6.9 Hair |
| Aug 21 | 11 | HR Specialist | major | Major revision of content |
| Dec 22 | 11.1 | HR Specialist | minor | Minor changes to 5.3 removal of reference to shorts 5.6 (d) Jewellery for clinical staff |

| Sign off Process and Dates | |
|---|---|
| Groups consulted | Date agreed |
| Heads of Nursing, Service Leads, IP&C, HR Business Partners | 03/08/2021 |
| Policy Group | 03/08/2021 |
| Joint Union Committee | 05/08/2021 |
| Policy Assurance Group | 11/10/2021 |
| Staff Partnership Forum | Click here to enter a date. |

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1. Introduction

This policy provides a guide for all staff regarding suitable standards of dress and appearance whether uniform or personal clothing is worn. The way in which employees dress and their appearance is key to portraying a good professional image, as well as contributing to the health and safety of staff, patients and visitors.

Though not all staff may be required to wear a uniform, the requirement to present a smart, professional image applies to everyone.

As far as possible, subject to the overriding requirements of patient safety and public confidence, staff should feel comfortable at work. If a member of staff requires modifications or adaptations to this policy for example for health and wellbeing, cultural or any other reason this should be discussed with their manager with advice as appropriate on a case by case basis.

2. Purpose

The aim of the policy is to ensure that all staff working within UHBW understand the expected standards of the dress code, whether clinical or non-clinical, in uniform or not.

The dress code details the standards and the positive professional image the Trust wishes to present to patients, partners and members of the public, at all times.

The standards outlined in this policy are designed to ensure that the following principles should be supported and promoted:

- Health, safety and well-being of patients
- Health, safety and well-being of staff
- Infection prevention and control
- Public confidence and professional image of staff and UHBW

3. Scope

This policy applies to all clinical and non-clinical staff, including those with honorary contracts, agency workers, bank staff and any ad-hoc staff including students, work experience students and volunteers.

It applies at all times when at work on Trust premises, on Trust business off site and travelling to and from work. This also includes taking breaks outside the Trust premises.

4. Duties, Roles and Responsibilities

4.1 Line Managers

- (a) Should ensure that staff are aware of the content of this policy and adhere to it.
- (b) Should comply with the policy themselves and apply it consistently.

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- (c) Should provide uniformed staff with enough uniforms to wear a clean uniform each day.
- (d) Are responsible for ensuring that staff are made aware of any additional requirements in respect of their work.
- (e) Where appropriate, develop local instructions and make available to all members of staff.

4.2 Employees

- (a) Are responsible for following the standards of dress and appearance outlined in this policy and to give consideration to:
 - (i) the working environment
 - (ii) health and safety
 - (iii) infection prevention and control
 - (iv) specific role and duties
 - (v) public interaction
- (b) Must wear the appropriate personal protective equipment provided for their post.

5. Dress code principles for all staff

Staff dressed inappropriately for work will be asked to change. Any repeated concerns may be dealt with as a staff conduct issue.

Clothing should:

- be smart, clean, professional and present a positive image of UHBW
- cover the body from shoulder to knee
- not restrict ease of movement
- not display prominent logos or pictures not related to the profession or UHBW
- comply with infection prevention control and food hygiene policies as appropriate

5.1 Identity badges

All staff must wear a Trust identity badge which should be clearly visible when on duty. It should be kept in good condition and clearly show staff name, role and photo.

Only UHBW or professional lanyards may be worn. For clinical staff a clip on badge for infection prevention and control and practical reasons may be more appropriate, lanyards are discouraged unless easy release lanyard clips are available.

Identity badges must be removed or covered when travelling to and from work.

5.2 Uniform

Staff required to wear a uniform must do so at all times when on duty unless there is an acceptable reason and agreement in advance from their manager.

Wearing a uniform outside work and on public transport, unless it is covered, is not permitted. Staff should change out of their uniform at the end of a shift or ensure their uniform is covered before leaving their place of work

Uniforms should be washed at 60°C for at least 10 minutes as it removes almost all micro-organisms. The cost of laundering will not be reimbursed. However, HMRC allows a flat rate tax deduction for the laundry of uniforms if there are no facilities to launder uniforms at work.

Guidance is available on [GOV.UK website](https://www.gov.uk)

5.3 Footwear and clothing

Shoes must be non-slip, clean and in good repair. Flip flops must not be worn. Combat-style trousers and jeans should not be worn.

5.4 Hair and personal hygiene

Staff should ensure that their hair, including facial hair, is clean and tidy and does not compromise infection prevention and control or health and safety provisions.

Staff are reminded of the importance of good personal hygiene. This not only presents a good professional image, but it is also important for good working relationships with colleagues.

5.5 Jewellery, piercings and body art

Staff should keep jewellery to a minimum. Any body art or facial piercings must be discreet and unlikely to cause offence to members of the public, patients or staff.

5.6 Clinical staff

(a) Footwear and clothing

Shoes must be black or white, low-heeled with non-slip soles. They must fully enclose heels and toes and be made of waterproof material.

Sleeve length must be designed so that arms are bare below the elbow to allow adequate hand decontamination in accordance with infection prevention and control policy.

Cardigans or fleece jackets should be of a plain similar colour to the uniform and must not be worn whilst undertaking clinical duties.

Staff wearing scrubs in a closed ward must change before leaving the area. Scrubs must be covered with a disposable gown whilst travelling within the hospital setting, but not within the department. Staff must not wear theatre scrubs outside the Trust buildings.

(b) Hair

In clinical environments medium or long hair must be tied up off the shoulder and secured.

(c) Nails

In the interests of infection prevention and control, clinical staff must keep their nails short and clean. No nail varnish is to be worn. Artificial nails, including acrylics, must not be worn.

(d) Jewellery

It is recommended that only stud earrings are worn and a plain ring may be worn at the owner's risk. Necklaces, long or hoop earrings and rings present possible hazards for patients and staff. Please see section 3.1 and 5.6 of the [Uniforms and workwear: guidance for NHS employers](#).

If a ring is worn, this must be moved on the finger to ensure the area under it is washed and dried thoroughly. This is to ensure effective decontamination of the hands.

To ensure adequate hand decontamination in accordance with infection prevention and control policy, clinical staff must not wear wristwatches and bracelets.

6. Standards and Key Performance Indicators

6.1 *Applicable Standards*

Not Applicable.

6.2 *Measurement and Key Performance Indicators*

Not applicable.

7. References

Health and Safety at Work etc Act 1974

Manual Handling Operations Regulations 1992

Management of Health and Safety at Work Regulations 1999

Control of Substances Hazardous to Health Regulations (COSHH) 2002 (as amended)

Personal Protective Equipment Regulations 1992

[Uniforms and workwear: guidance for NHS employers](#)

[Equality and Human Rights Commission Religion or belief: dress codes and religious symbols guidance](#)

8. Associated Internal Documentation

Hand Hygiene Policy

Standard Infection Control Policy

Health and Safety Policy

Disciplinary Policy

Staff Conduct Policy

Smoke free Policy for Staff

Linen and Laundry Policy

9. Appendix A – Monitoring Table for this Policy

The following table sets out the monitoring provisions associated with this policy. Please ensure any possible means of monitoring this policy to ensure all parts are fulfilled are included in this table. **The first line is an example for you and should be removed prior to submission.**

| Objective | Evidence | Method | Frequency | Responsible | Committee |
|---|---|---|---------------------------------|---------------------|--------------|
| To ensure that policy remains fit for purpose | Whether policy is still in line with Trust objectives and any changes in legislation. | Regular policy review. Regular review of legislation changes | 36 months or ad hoc as required | Head of HR Services | Policy Group |

10. Appendix B – Dissemination, Implementation and Training Plan

The following table sets out the dissemination, implementation and training provisions associated with this Policy.

| Plan Elements | Plan Details |
|--|---------------------|
| The Dissemination Lead is: | Head of HR Services |
| Is this document: A – replacing the same titled, expired policy, B – replacing an alternative policy, C – a new policy: | A |
| If answer above is B: Alternative documentation this policy will replace (if applicable): | |
| This document is to be disseminated to: | All staff |
| Method of dissemination: | Newsbeat, HR Web |
| Is Training required: | No |
| The Training Lead is: | |

| | |
|------------------------------|--|
| Additional Comments | |
| [DITP - Additional Comments] | |

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11. Appendix C – Equality Impact Assessment (EIA) Screening Tool

| Query | Response |
|---|--|
| What is the main purpose of the document? | To ensure that all staff working within the Trust understand the expected standards of the dress code, whether clinical or non-clinical, in uniform or non-uniform. The dress code details the standards and the positive professional image the Trust wishes to convey to patients, partners and members of the public, at all times |
| Who is the target audience of the document? Who is it likely to impact on? | Add <input checked="" type="checkbox"/> or <input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> Patients <input checked="" type="checkbox"/> Visitors <input checked="" type="checkbox"/> Carers <input checked="" type="checkbox"/> Others <input checked="" type="checkbox"/> Volunteers |

| Could the document have a significant negative impact on equality in relation to each of these characteristics? | YES | NO | Please explain why, and what evidence supports this assessment in relation to your response. |
|--|-----|----|---|
| Age (including younger and older people) | | X | There are no age related restrictions, specifications or prohibitions in this policy. |
| Disability (including physical and sensory impairments, learning disabilities, mental health) | | X | This has been considered with staff having the facility to request modifications or adaptations for any reason. The policy is designed to take account of individual circumstances |
| Gender reassignment | | X | The dress code for any member of staff going through gender reassignment should be dealt with sensitively on an individual basis. The policy is designed to take account of individual circumstances. |
| Pregnancy and maternity | | X | This has been considered with staff having the facility to request modifications or adaptations for any reason. The policy is designed to take account of individual circumstances. |
| Race (includes ethnicity as well as gypsy travelers) | | X | There are no race related restrictions, specifications or prohibitions in this policy |
| Religion and belief (includes non-belief) | | X | This has been considered with staff having the facility to request modifications or adaptations for any reason, recognising the requirement that all dress should adhere to Health and Safety and Infection, Prevention & Control regulations |
| Sex (male and female) | | X | There are no sex specific requirements in this policy |
| Sexual Orientation (lesbian, gay, bisexual, other) | | X | The policy does not positively or negatively affect groups with this protected characteristic |
| Groups at risk of stigma or social exclusion | | X | There is no reference to specific groups at risk |

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| (e.g. offenders, homeless people) | | | of stigma so no negative impact could be found |
| Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment) | | X | Consideration has been given to ensure that the policy does not affect dignity or privacy. |

| Could the document have a significant positive impact on inclusion by reducing inequalities ? | YES | NO | If yes, please explain why, and what evidence supports this assessment. |
|---|-----|----|--|
| Will it promote equal opportunities for people from all groups? | | x | |
| Will it help to get rid of discrimination? | x | | All staff work along the same guidelines therefore no single group or protected characteristic is discriminated |
| Will it help to get rid of harassment? | x | | With all staff following the same policy there is little room for harassment in respect of uniform/dress codes |
| Will it promote good relations between people from all groups? | x | | No single group is given any separate treatment therefore as the policy promotes equality there should be little reason for poor relations |
| Will it promote and protect human rights? | x | | Dignity and privacy are considered in order to protect human rights |

On the basis of the information/evidence so far, do you believe that the document will have a positive or negative impact on equality? (Please rate by circling the level of impact, below.)

| Positive impact | | | | Negative Impact | | |
|-----------------|------|-------------|------|-----------------|------|-------------|
| Significant | Some | Very Little | None | Very Little | Some | Significant |

Will the document create any problems or barriers to any community or group? ~~YES~~ / NO

Will any group be excluded because of this document? ~~YES~~ / NO

Will the document result in discrimination against any group? ~~YES~~ / NO

If the answer to any of these questions is YES, you must complete a full Equality Impact Assessment.

Is a full equality impact assessment required? ~~YES~~ / NO

Date assessment completed: 14/09/21

Person completing the assessment: XXXXXXXXXX

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