

HR.23 Professional Presentation Policy for All Staff

Document Summary

The purpose of the policy is to:

- Maintain a professional image
- Encourage public trust and confidence
- Enable easy identification
- Promote health and safety standards
- Minimise cross infection

Document Number & Version	HR.23 (Version 3)
Date Ratified	15 th June 2016
Ratified by	Nursing & Midwifery Committee
Date Version Implemented	July 2016
Next Review Date	June 2021
Accountable Director	Director of Nursing
Document Author(s)	Deputy Director of Nursing

Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as “uncontrolled” and, as such, may not necessarily contain the latest updates and amendments.

After the Review Date has expired, this document may not be up-to-date. Please contact the document owner to check the status after the Review Date shown above.

If you would like help to understand this document, or would like it in another format or language, please contact the document owner

TABLE OF CONTENTS

1. Introduction.....	3
2. Purpose.....	3
3. Audience.....	3
4. Associated Trust Documents.....	3
5. Statement of Intent.....	4
6. Responsibilities/Duties.....	4
7. Dresscode for Non-Uniformed Staff.....	5
8. Accessories.....	7
9. Theatre Clothing.....	9
10. Uniform – appropriate to banding	10
11. Conduct of all staff.....	13
12. Bibliography & References.....	14
13. Monitoring Compliance.....	14
14. Equality Impact Assessment.....	15

1 Introduction

The correct wearing of professional attire and conduct synonymous with excellent customer relations is essential to enhance the professional image of each individual and the organisation as a whole. Adherence to the policy is required Trust wide and is expected at all times.

Employees who are not required to wear a uniform are still required to appear smart, professional and suitably attired according to the work environment. It must be remembered that what is worn outside of work is not necessarily appropriate for the workplace. This is in line with the Department of Health guidelines (2010) and is to project a patient safety, professional image, to encourage public trust and confidence and to contribute to the corporate image of the Trust.

All staff are expected to present an image consistent with the public's expectation of an efficient and effective organisation and staff are expected to adhere to the policy.

Failure to comply with this policy may result in disciplinary intervention, in line with The Disciplinary Policy.

2 Purpose

The purpose of the policy is to:

- Maintain a professional image
- Encourage public trust and confidence
- Enable easy identification
- Promote health and safety standards
- Minimise cross infection
- Promote patient safety

3 Audience

This policy is for all employees of Wye Valley NHS Trust. This includes temporary staff across all disciplines including students and staff on work experience.

4 Associated Trust Documents

- IC.29 Standard Precautions Policy
- IC.07 Hand Hygiene Policy
- HR.02 Disciplinary Policy

5 Statement of Intent

The legislation underpinning this policy is the Health and Social Care Act 2008: Code of practice for health and adult social care on prevention and control of infections and related guidance. This policy assists the Trust in complying with Criterion 9 – ‘the healthcare provider will have and adhere to policies designed for the individual’s care that will help prevent and control infection.

The purpose of this policy is to help all staff understand precisely what is expected of them with regards to their appearance at work.

This policy provides managers with standards to monitor and manage their own staff appearances accordingly.

In some areas of the Trust there are legal requirements under Health and Safety Legislation in terms of Personal Protective Equipment (PPE). The core standards that make up this policy may therefore be supplemented by but not replaced by codes of Safe practice that must be adhered to by all staff where the wearing of protective apparel is indicated.

The impact of Healthcare Associated Infections (HCAI) on patients in terms of morbidity and mortality cannot be overstated, and the safety of patients in relation to HCAI is a clear priority for the Trust. Dress code, uniform and hygiene in the clinical setting are integral to the control and prevention of HCAI. This policy is therefore based on the principles, directions and guidelines as stated in the Saving Lives Campaign and National Patient Safety Agency (NPSA) guidelines.

The Trust recognises and values diversity of cultures, religions and disabilities of its staff and will take a sensitive approach when this affects dress and uniform requirements. 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 & Safety, Security and Infection Prevention.

For all staff, on an individual basis interpretation of the policy will take into account cultural and religious practices and beliefs and must also be mindful of Infection Prevention and Health and Safety requirements. Any such considerations must be agreed by the Nursing/Medical Director.

6 Responsibilities / Duties

6.1 Board of Directors

The Board of Directors is responsible for determining the governance arrangements of the Trust including effective risk management processes. It is responsible for ensuring that the necessary clinical policies, procedures and guidelines are in place to safeguard patients and reduce risk. In addition they will require assurance that clinical policies, procedures and guidelines are being implemented and monitored for effectiveness and compliance.

6.2 Chief Executive (CEO)

The Chief Executive has overall responsibility for patient safety and ensuring that there are effective risk management processes within the Trust which meet all statutory requirements and adhere to guidance issued by the Department of Health.

The CEO holds each line manager accountable for meeting objectives and to work together towards meeting the objectives approved by the Board.

6.3 Director of Nursing / Medical Director

The Medical Director is the Executive with delegated responsibility for implementation of Governance arrangements within the Trust.

The Director of Nursing and the Medical Director are responsible for overseeing the implementation of this document.

6.4 General Managers/Corporate Nursing team

Have the responsibility of ensuring that the ward/department managers are enforcing the policy and have the responsibility to challenge non-compliance and enforce the policy.

6.5 Line Managers

Line Managers are responsible for ensuring that:

- This document is made available to all staff within their department, primarily at local induction and that staff comply with its content.
- The staff, they are responsible for, implement and comply with this document
- They have the responsibility to enforce the policy and monitor non-compliance. Continued noncompliance must be managed through the Disciplinary Policy.
- To raise awareness of the policy and act as a role model to others.

Requests to alter uniform design and/or colour MUST be discussed with the Director of Nursing or delegated deputy before this is agreed.

6.6 All Staff

All staff are required to comply with this policy and maintain a professional appearance within the working environment

7 Dress Code for Non-Uniformed Staff

7.1 Dress code

Staff who do not wear a uniform are still required to appear smart and professional in appearance at all times. All employees in clinical areas must comply with the Trust's Hand Hygiene Procedure and therefore must be '*Bare below the elbow*' when in a clinical environment.

Clothing should be clean and durable enough to withstand frequent changes and

regular washing to minimise the risk of infection. It must be comfortable and not restrict movement allowing staff to bend and reach without compromising the dignity of the member of staff or the patient. Cardigans, jackets and coats must be removed prior to any direct patient contact to minimise the risk of cross infection.

7.2 Female employees

The following items of clothing are permitted skirts, blouses, smart T-shirts, jumpers, jackets, dresses, trousers. Items of clothing with long sleeves must be removed or rolled up to a maximum of 6cms below the elbow prior to entering a clinical environment or being involved in care delivery at ward or department level.

Shoulder bags must be of a material that is able to be wiped cleaned.

Neck scarves and neck ties **must not** be worn when involved in direct patient care.

Clothing must cover the body from the shoulder to the knee with no exposed areas.

7.3 Male employees

Suit, blazer, trousers, smart T-shirts/Polo shirts, shirt with collar (preferably short sleeved). Items of clothing with long sleeves must be removed or rolled up to a maximum of 6cms below the elbow prior to entering a clinical environment or being involved in care delivery at ward or department level.

7.4 Non acceptable clothing

For staff who are non-uniform wearers, the following items of clothing are unacceptable, either on the grounds of Health and Safety or for the Trusts public image:

- Denim jeans or skirts (of any colour)
- Track suits
- Casual sports T-shirts
- Shorts
- Combat/Hiking/outdoor pursuit trousers
- Baseball caps/hats
- Overly tight or revealing clothing, including miniskirts, skinny leg trousers
- Tops that reveal the midriff
- See – through clothing
- Leggings/Jeggings
- Skirts that are so long that they touch the ground when walking
- Clothing bearing slogans.

This list is not exhaustive.

8 Accessories

8.1 Hair

- Hair must be worn neatly in a style that does not require frequent readjustment (clinical staff)
- Any style which would attract undue attention is not allowed, for example, extreme fashion colours or cuts/style
- Hair longer than collar length must be tied back and secured off the collar
- Suitable discreet hairpins and bands must be utilised. Hair adornments such as bows and flowers are not acceptable
- Beards and moustaches must be kept clean, trimmed and tidy
- Where make up is worn it must be discreet and not attract undue attention

8.2 Accessories

Jewellery is not permitted whilst wearing Trust uniform with the exception of;

- One pair of small stud ear rings which must be removed if involved in invasive theatre procedures.
- Plain band type ring, no stones.
- No chains, no bracelets, no facial/skin piercings
- If piercings' unable to be removed, they should be covered for the period of time that the member of staff is on duty.
- No wrist watches
- No wrist watches to be worn by non-uniform staff when involved in direct patient care delivery/contact.
- Staff working in catering / food preparation areas are permitted to wear small, hooped, circular earrings (sleepers) with no backs to prevent the risk of stud backs entering the food chain.
- Ties when carrying out clinical activity should be kept short and tucked into a shirt and kept behind a plastic apron.

8.3 Shoes

Foot attire for **all** staff should be tidy and in reasonable condition.

Shoes for staff in uniform must be:

- Black, if alternative footwear is required, this will be supported by the Trust Health at Work Department.
- Enclosed and well fitting
- Have no more than a 2.5cm heel
- Made of a surface that is easily wiped.
- Suede or canvas is not permissible to minimise the risk of infection.
- CROCS® are not permitted

Shoes for staff not in uniform:

- Platform shoes are not permissible due to the risk of foot and ankle injuries
- Closed toe and heel shoes must be worn at all times in clinical areas

(including the home)

- Flip Flops are not permitted
- If alternative footwear is required, this will be supported by the Trust Health at Work Department.
- CROCS® are not permitted
- Non clinical staff who have to attend clinical areas must abide to the rules for clinical staff e.g. clinical coding staff

8.4 Hosiery

- Hosiery should be black or natural for clinical staff in uniform.
- Plain black/Navy socks are deemed to be suitable
- Novelty socks must not be worn

During times of prolonged hot weather, permission may be given by the Director of Nursing to not wear hosiery.

8.5 Identification/Badges

- Badges that relate to professional qualifications or union membership may be worn. These must be securely fastened to the uniform.
- Trust name badges must be worn denoting name and position.
- Trust identity badges must be on the individual at all times and **NOT** given to other members of staff to utilise
- Security cards, showing photograph, name and title, must be available with staff at all times. If worn around the neck, it must be removed prior to commencement of clinical duties.

8.6 Fingernails and Tattoos

- Fingernails must be short and clean
- Fingernails must be free of nail varnish/hardener for all clinical staff
- False or acrylic nails must not be worn by all clinical staff
- Visible tattoos are discouraged and where already present must not be offensive to others. Where deemed to be offensive they must be appropriately covered
- False eyelashes are not permitted for clinical staff

8.7 Cultural Allowances

Any member of staff wishing to wear a particular type of clothing or jewellery for religious, creed or cultural reasons, will be required to discuss this request with their Line Manager who will not unreasonably withhold approval. If approval is denied, an appeal may be made in writing to the appropriate line manager/professional lead. Religious items for example: Kara's must be able to be moved up the arm when conducting direct clinical care and when performing hand hygiene.

If headwear is required to be worn for cultural or religious reasons such as a turban or hijab, this must be plain and preferably in a dark colour such as black or navy. It must not require frequent readjustment. Where a hijab headscarf is worn this must be securely fastened behind the shoulders with discreet fastenings. Head attire should not cover the face and, must not fall below the collar of the

uniform.

Where long sleeves are required to be worn for cultural or religious reasons, these must be rolled up to 6cms below the elbow when involved in direct patient care or within the clinical environments to facilitate good hand decontamination. If this is not possible due to restrictions in the clothing item, then changing temporarily in to theatre apparel must be considered.

Any member of staff wishing to vary this policy on the grounds of disability or health will require a written recommendation from Health at Work Department which must be presented to the Line Manager. The infection prevention team must be informed of any exceptions to ensure unnecessary challenge.

These lists are by no means exhaustive and there may be additional controls specific to the area you work in that your line manager will make you aware of.

8.8 Medical Alerts

Medic-alert pendants may be worn under clothing.

Medic-alert bracelets can only be worn under consultation with line manager and the Infection Prevention team. Medical alert bracelets must be able to be pushed up the arm and/or tucked under top sleeves when delivering direct patient care and undertaking hand hygiene practices.

Ward/department managers will hold a register of staff who have been allowed to wear such an alert bracelet.

9 Theatre Clothing

9.1 Operating Theatre Attire

Operating Theatre attire is designed to minimise the transfer of micro-organisms from the mucous membrane, skin and hair of the surgical team to the patients. It also provides the surgical team with some protection from the patient.

All personnel who enter the restricted area of the operating theatre should wear theatre attire intended for the use within the surgical environment.

Theatre attire, including hats and facemasks should be changed when it becomes soiled or wet to reduce the potential for cross contamination.

Used facemasks must not be left around the neck or put into pockets for future use. All hair should be completely covered by theatre headwear.

One plain silver/gold wedding band is permitted. All other jewellery must be removed; this will prevent the risk of contaminating the sterile field.

Theatre footwear should comply with the following: Low heeled (less than 1 inch/2.5cms), soft soled, enclosed, cleanable shoes. Approved "professional clogs" must be worn in all clinical areas. Where clogs are worn the supporting heel strap

must be in place.

9.2 Attire Outside Theatre

Theatre scrubs may be worn outside the theatre environment to go to other clinical areas only but not outside the main hospital building.

Theatre footwear is not being worn outside theatres other than emergency situations.

If scrubs are soiled they must be changed before leaving theatres.

No hats or surgical masks are to be worn outside theatres.

Staff must change out of their theatre scrubs if they need to leave the hospital building.

Theatre scrubs are not to be worn in Spires restaurant, the coffee shop or retail shop.

Scrubs should be changed when returning to theatres.

10 Uniform – appropriate to banding

10.1 Uniform code

Where a uniform is issued, only such authorised uniform must be worn. No other items of clothing may be displayed or visible.

NB This includes the wearing of long sleeved items underneath a Tunic/Dress.

Where protective clothing is deemed necessary and provided it must be worn to ensure health and safety and infection control standards are met.

Uniforms remain the property of the Trust and must be returned upon termination of contract.

All employees in clinical areas must comply with the Trust's Hand Hygiene Procedure and therefore must be *'Bare below the elbow'* when in a clinical environment.

Uniform dresses must be knee length.

Nursing staff must wear their issued uniform at all planned contacts with patients, and are expected to wear uniforms at all times with the exception of interviewing/attending offsite meetings.

Uniforms must not be worn outside the workplace unless to travel to and from work, or on official Trust business, whereby it must be suitably covered

so that the uniform cannot be identified. Employees **MUST NOT** enter commercial premises in any Trust uniform (e.g. shops, garages, schools etc.) unless the uniform is covered.

10.2 Issuing of Uniforms

This section of the policy details the procedures for the issue of new uniforms, replacement and return of uniforms worn by staff employed by Wye Valley NHST Trust. It further outlines the arrangements for cleaning of Trust issue uniforms. The following number of uniform items is a guide to the appropriate amount for relevant staff groups. However, this will be undertaken within the restraints of the budget available for this purpose.

Contractual hours	22.5 hours and below	2 uniform sets
	22.5 hours up to 37.5 hours	3 uniform sets

On appointment to the Trust, before the actual commencement date, the appointing manager will complete the appropriate section of the **Uniform Request Form** and sign and date it.

Acute site

This must be delivered to Divisional Management Offices, as uniforms will not be issued without a completed form. New uniform items will be ordered where necessary, and if the items are in stock, they will be issued directly.

Community sites

The form will be completed and uniforms ordered by the Line Manager.

In the event of uniforms being unavailable, Linen Services will issue 'scrubs' temporarily in the same quantities as detailed above. These must be returned, unwashed, to be laundered through the usual process. Scrubs **MUST** not be worn off site in any circumstances.

10.3 Additional Uniform Items

There will be occasions where additional items of uniform are issued by the Trust, such as tabards for drug administration and epaulettes; these must be cleaned and returned in the same manner as traditional uniform items.

Cardigans and fleeces must be synonymous with uniform colour.

10.4 Maternity Wear

- Staff requiring maternity wear must apply to Linen Services in a timely way with a correctly completed Uniform Request Form from their Line Manager
- Staff will be issued with maternity wear in accordance to their contractual hours
- Maternity wear is issued on a loan basis and must be returned at the earliest convenience.

Uniforms purchased by Wye Valley NHS Trust remain the property of the Trust

and must be returned to Linen Services following the period of maternity absence or before if this is possible.

10.5 Replacement Uniforms

New uniforms will only be issued on return of old uniforms. Staff requiring a replacement must obtain a correctly completed Uniform Request Form from their Line Manager who will need to verify the need for replacement uniforms.

10.6 Bank and Agency Nurses

- Trust Bank Nurses must wear Trust Uniform when on duty within the Trust and comply with this policy
- External Agency nurses must wear uniforms identifiable with their agency and must comply with the principles outlined in this policy

10.7 Allied Health Professionals (AHP's)

Allied Health Professionals (AHP) are required to comply with all aspects of this policy. Staff working within Therapies may wear approved sportswear/trousers/long shorts under the agreement of their line manager.

AHPs issued with partial uniform sets, e.g. pharmacy staff must wear trousers or skirts that are smart and synonymous with the tunic. Miniskirts or skirts that are so long they touch the ground must not be worn.

10.8 Pre-registration students

Pre-registration students of all disciplines must comply with the principles set out in this policy whilst working throughout Wye Valley Trust. They must wear a uniform synonymous with their affiliated university and health profession.

10.9 Work Experience Students

Students undertaking work experience are required to wear smart, plain office type clothes or college issued uniform, which permits them to be '*Bare below the elbow*' in clinical areas.

10.10 Cleaning of Uniforms

It is the responsibility of each member of staff to launder their own uniforms. The following process is recommended to ensure adequate cleaning and decontamination

- Uniforms should be washed separately from other laundry items, in a washing machine at 65–71 degrees centigrade
- A laundry detergent must be used in the quantity advised by the manufacturer
- Dry quickly or tumble dry. Hot iron
- It is advisable to store in a plastic bag to prevent contamination with dust or other pollutants

NB: Tax relief may be available in respect of uniform laundering costs where

facilities are not provided by the employer.

Where possible non-uniform clothing should be washed at 60 degrees centigrade. Adherence to the manufacturer's instructions must be considered to prevent any damage or shrinkage to the clothing items

10.11 Protective Clothing

The use of Personal Protective Equipment (PPE), including aprons and gloves, must be based on a risk assessment and published best practice guidelines (NICE 2003).

Plastic aprons and gloves must be utilised when involved in direct patient care where there is a risk of the dispersal of pathogens or procedures which may result in splashing of blood or bodily fluids.

Where appropriate, departments will continue to supply additional protective wear such as overalls, in addition to uniforms issued under this policy for day to day use, in accordance with PPE and Health and Safety Executive (HSE) regulations and the Trust's Standard Precaution Policy.

11 Conduct of All Staff

11.11 Mobile Phones/ Tablets

Some staff are required to use their mobile phone/tablet through the course of their duty. These mobile phones should be securely placed in uniform to prevent injury to patient/ client and when delivering clinical care in inpatient settings, should be kept on silent or vibrate. These devices must be decontaminated according to Trust policy after each use.

Community staff visiting patients in their own home are required to have their ringer turned on as per Lone Worker Policy.

For all other staff it is unacceptable to use a mobile device whilst engaging in Trust business. This includes the wearing of headphones in all public areas. Headphones for personal use can only be worn when on an official break, or with the agreement of the line manager. This applies to all staff not just uniformed members and applies to all sites.

Devices can be used during the staff members designated break time.

11.2 Staff Conduct

In line with the Disciplinary Policy all staff must conduct themselves in a professional manner whilst on duty in the Trust. This includes:

- Food and drink, with the exception of water, must not be consumed in clinical areas or any areas where patients and relatives are present. This includes the nurses' station area, clinic rooms/suites.
- Chewing Gum is not allowed, both in the interest of safety and for professional image

- Swearing or offensive language will not be tolerated, and any potential verbal disputes must be conducted in a private area away from public view

12 Bibliography & References

Health & Safety Act 1974

Royal College of Nursing 2005: Wipe it Out Campaign on MRSA

Royal college of Nursing (April 2005) guidance on Uniform and clothing worn in the delivery of patient care

The Health and Social Care Act 2008: code of practice for the NHS on Prevention and Control of Healthcare Associated Infection and Regulated Guidelines.

Department of Health (DOH) 2010: Uniform and workwear: guidance on uniform and workwear policies for NHS Employers

13 Monitoring Compliance

Line Managers and the Senior Nursing team will ensure that the policy is adhered to by performing regular spot checks in clinical areas.

Where monitoring has identified non-compliance those members of staff will be notified of the policy and a date by which the non-compliance must be rectified. Failure to comply may result in disciplinary action.

14 Equality Impact Assessment

1	Name and Job Title of person completing assessment	Deputy Director of Nursing
2	Name of service, policy or function being assessed	Professional Presentation Policy for All Staff
3	What are the main objectives or aims of the service/policy/function?	Implementation of a standard organisation Professional Presentation Policy for All Staff.
4	Date	9 June 2016

Stage 1: Initial Screening		
5	What evidence is available to suggest that the proposed service/policy/function could have an impact on people from the protected characteristics? Document reasons, e.g. research, results of consultation, monitoring data and assess relevance as: <i>Not relevant or Relevant Low/Medium/High</i>	
	Protected Characteristic	Relevance
A	Race	Not relevant
B	Religion/Spirituality	Not relevant
C	Gender	Not relevant
D	Disability	Not relevant
E	Sexual Orientation	Not relevant
F	Age	Not relevant
G	Pregnancy/maternity	Not relevant
H	Gender reassignment	Not relevant
I	Marriage and Civil Partnership	Not relevant
J	Carers	Not relevant
If you assess the service/policy/function as not relevant , please proceed to section 11. If you assess the service/policy/function as relevant , continue to Stage 2, Full Equality Impact Assessment.		
Stage 2: Full Equality Impact Assessment		
6	Are there service user, public or staff concerns that the proposed service/policy/function may be discriminatory, or have an adverse impact on people from the protected characteristics?	
A	Public	No
B	Staff	No
If there are no concerns proceed to section 11. If there are concerns , amend service/policy/function to mitigate adverse impact, consider actions to eliminate adverse impact, or justify adverse impact		
7	Can the adverse impact be justified	
8	What changes were made to the service/policy/function as result of information gathering?	

9	What arrangements will you put in place to monitor impact of the proposed service/policy/function on individuals from the protected characteristics?	
10	List below actions you will take to address any unjustified impact and promote equality of outcome for individuals from protected characteristics. Consider actions for any procedures, services, training and projects related to the service/policy/function which have the potential to promote equality.	
	Action	Lead
11	Review date	
I am satisfied that this service/policy/function has been successfully equality impact assessed. Date: 9 June 2016 Author: Helen Byard		
Please send the completed assessment for scrutiny to: Risk & Policy Manager, Trust HQ, County Hospital, Union Walk, Hereford. HR1 2ER.		