

CLINICAL POLICY

Uniform and Workwear for Clinical Teams

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Policy Number	CLP010
Version:	V5.1
Purpose:	To provide a practical uniform policy with a professional style that promotes patient, employee, and public confidence. To comply with Infection Prevention & Control and Health & Safety Legislation. To ensure that all staff are familiar with current evidence available on wearing of suitable dress or uniforms. To ensure staff project a professional image. To promote mobility and comfort of the wearer. To allow identification for security and communication purposes.
Consultation:	Infection Control / Clinical Policy Group Distribution List
Approved by:	Clinical Policy Group
Date approved:	16/05/2024
Author / Reviewer:	Reviewed by Hannah Williams Deputy Director of Nursing / Debbie Williams End of Life Lead
Date issued:	21/05/2024
Review date:	01/05/2027
Audience:	This policy applies to all employees of the Trust regardless of age, gender, race, sexual orientation, disability or religious or cultural belief. This includes all honorary contracts, agency / externally employed workers and volunteers
Dissemination:	The policy will be published on the GHC intranet, and its update will be listed on the Clinical Policy News bulletin
Impact Assessments:	This Policy has been subjected to an Equality Impact Assessment. This concluded that this policy will not create any adverse effect or discrimination on any individual or particular group and will not negatively impact upon the quality of services provided by the Trust.

Version History

Version	Date Issued	Reason for Change
V4	Dec 2017	Policy remains concurrent with present infection and control recommendations therefore review date extended to May 2018

V4.1	June 2018	Policy remains concurrent with present June 2018 infection and control recommendations therefore review date extended to April 2019
V4.2	10/12/2019	Merger of 2g and GCS
V4.3	26/03/2020	Extension to review date as advised by Director of Nursing, Therapies & Quality during Trust Prioritisation of Services for Covid19
V4.4	03/09/2020	Extension to review date agreed with the Deputy Director of Nursing
V4.5	30/12/2020	Extension to review date agreed with the Deputy Director of Nursing
V4.6	17/05/2021	Extension to review date agreed with the Deputy Director of Nursing whilst awaiting the national standardised uniform project to be completed (delay due to covid-19 pandemic)
V4.7	20/01/2022	Extension to review date agreed with the Deputy Director of Nursing
V4.8	02/03/2022	Extension to review date agreed in the March CPG Meeting
V4.9	07/07/2022	Extension to review date - National Healthcare Uniform Workforce Consultation nearing completion but still to issue final tender
V5	21/05/2024	Reviewed and updated to be a Trustwide policy, change of title following suggestion in consultation
V5.1	19/03/2025	Minor amendment re: False and gel nails and information added re: eyelash extensions

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ABBREVIATIONS

<i>Abbreviation</i>	<i>Full Description</i>
COSHH	Control of Substances Hazardous to Health
GHC	Gloucestershire Health and Care NHS Foundation Trust
IPC	Infection Prevention and Control

1. INTRODUCTION

- 1.1 This policy has been introduced to protect the safety of patients and staff by ensuring that the uniform and dress code complies with both health and safety legislation and infection prevention and control requirements.
- 1.2 All staff need to consider the role of dress and appearance in minimising the risk of infection and presenting a professional image to colleagues, service users and members of the public.
- 1.3 To support compliance and reinforcement, all staff should be made aware of dress code/uniform standards **before** they commence employment. This should also include information on initiatives such as 'bare below the elbows', use of headwear and facial hair such as beards/moustaches.
- 1.4 There must be sufficient uniforms provided to enable freshly laundered clothing to be worn for each shift or work session. This should include consideration of the needs of bank and agency staff.
- 1.5 Processes for access to spare clothing, if staff clothing items become contaminated (for example, splashed with blood and/or body fluids), should be agreed locally/within the work environment with guidance on where staff can access showers if required.
- 1.6 This policy will be applied fairly and consistently across all areas of personal and cultural diversity where this does not compromise the safety of patients or staff, or damage the professional standing of the individual, the professional body or the organisation.
- 1.7 The Trust recognises the diversity of cultures, religions and abilities of its employees and will take a sensitive approach when this affects dress and uniform requirements. However, priority will always be given to clinical health and safety, security and infection control considerations.

2. PURPOSE

- 2.1 A key aim of the document is to ensure that all staff employed by Gloucestershire Health and Care NHS Foundation Trust as well as those who work on a bank and locum contract, attend work in attire which is comfortable, fit for purpose and maintains professional standards.
- 2.2 NHS Employers identify two areas of focus of legislation affecting uniforms and workwear:

- A primary concern with health and safety, along with the requirement to prevent the spread of infections.
- Employment equality for staff in terms of age, disability, gender, sexual orientation, race and ethnicity, religion or belief, and protection of human rights. Source: NHS England and NHS Improvement (2020) 'Uniforms and workwear: guidance for NHS employers'.

3. SCOPE

- 3.1** This policy applies to all employees of the Trust regardless of age, gender, race, sexual orientation, disability or religious or cultural belief. This includes all honorary contracts, agency/externally employed workers and volunteers.

4. DUTIES

4.1 General Roles, Responsibilities and Accountability

Gloucestershire Health and Care NHS Foundation Trust (GHC) aims to take all reasonable steps to ensure the safety and independence of its patients and service users to make their own decisions about their care and treatment.

In addition **GHC** will ensure that:

- All employees have access to up to date evidence based policy documents.
- Appropriate training and updates are provided.
- Access to appropriate equipment that complies with safety and maintenance requirements is provided.

Managers and Heads of Service will ensure that:

- All staff are aware of, and have access to policy documents.
- All staff access training and development as appropriate to individual employee needs.
- All staff participate in the appraisal process, including the review of competencies.

Employees (including bank, agency and locum staff) must ensure that they:

- Practice within their level of competency and within the scope of their professional bodies where appropriate.
- Read and adhere to GHC policy
- Identify any areas for skill update or training required.
- Participate in the appraisal process.
- Ensure that all care and consent complies with the Mental Capacity Act (2005) – see section on [MCA Compliance below](#).

4.2 Roles and Responsibilities specific to this Policy:

- Appearance is a personal responsibility and is important in instilling confidence in the service provision, portraying a corporate and professional image to all users of its service, whether patients, visitors, clients or colleagues.
- Individuals have a responsibility to safeguard patients, colleagues and the public and are expected to familiarise themselves with infection prevention and control guidelines around uniform.
- Individuals should ensure they are easily identifiable. Name badges and ID cards

should be visible whilst on Trust business for identity and security purposes.

5. MENTAL CAPACITY ACT COMPLIANCE

5.1 Where parts of this document relate to decisions about providing any form of care treatment or accommodation, staff using the document must do the following: -

- Establish if the person is able to consent to the care, treatment or accommodation that is proposed? (Consider the 5 principles of the Mental Capacity Act 2005 as outlined in section 1 of the Act. In particular principles 1,2 and 3) [Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2005/9/section/1).
- Where there are concerns that the person may not have mental capacity to make the specific decision, complete and record a formal mental capacity assessment.
- Where it has been evidenced that a person lacks the mental capacity to make the specific decision, complete and record a formal best interest decision making process using the best interest checklist as outlined in section 4 of the Mental Capacity Act 2005 [Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2005/9/section/4).
- Establish if there is an attorney under a relevant and registered Lasting Power of Attorney (LPA) or a deputy appointed by the Court of Protection to make specific decisions on behalf of the person (N.B. they will be the decision maker where a relevant best interest decision is required. The validity of an LPA or a court order can be checked with the Office of the Public Guardian) [Office of the Public Guardian - GOV.UK \(www.gov.uk\)](https://www.gov.uk).
- If a person lacks mental capacity, it is important to establish if there is a valid and applicable Advance Decision before medical treatment is given. The Advance Decision is legally binding if it complies with the MCA, is valid and applies to the specific situation. If these principles are met it takes precedence over decisions made in the person's best interests by other people. To be legally binding the person must have been over 18 when the Advance Decision was signed and had capacity to make, understand and communicate the decision. It must specifically state which medical treatments, and in which circumstances the person refuses and only these must be considered. If a patient is detained under the Mental Health Act 1983 treatment can be given for a psychiatric disorder.

6. POLICY DETAIL

6.1 Infection Control

- All healthcare workers have a responsibility to minimise the spread of infection by complying with the requirements of this policy. Hand hygiene is recognised as the most important factor in the prevention of infection control. The presence of rings, watches and bracelets has shown to significantly reduce the effectiveness of hand washing. This policy must be read in conjunction with the Trust [Infection Prevention and Control Policy](#) and the [Hand Hygiene Policy](#).
- The 'bare below the elbows' initiative was introduced as part of the government's 'Clean Safe Care Strategy' to reduce infection risks by improving the ability to clean the hands effectively.
- All staff working face to face with patients and/or entering a clinical area to see / meet patients or providing care in a patient's home must adopt 'bare below the elbows'. The bare below elbow principle supports effective hand hygiene by ensuring that hands and

wrists are fully exposed to the hand hygiene product and items that can become contaminated during work activities (e.g. long sleeves, jewellery) or have the potential to harbour micro-organisms are removed. All face-to-face interactions with patients / clients must be preceded with and followed by effective handwashing which can not be done unless bare below the elbows. An example of an exception to the rule would be a non-clinical member of staff attending a meeting in ward office.

- As per the Department of Health's guidelines on Uniforms and Workwear 2010 Appendix B, the following provision is available for faith exemptions to the bare below the elbows policy:
 - Sleeves can be full length when staff are not engaged in direct patient care activity.
 - Any full or three-quarter length sleeves must not be loose or dangling. They must be able to be rolled or pulled back and kept securely in place during hand washing and direct patient care activity.
 - Disposable over-sleeves, elasticated at the elbow and wrist, may be used but be donned and doffed in exactly the same way as disposable gloves. Strict procedures for washing hands and wrists must still be observed.

6.2 Jewellery

For all clinical staff and all staff working with or in an area where patient care is delivered:

Piercings:

- Facial piercings: - one discreet facial piercing which is flat to the skin may be worn; however, hoops and other visible facial piercings must not be worn.
- Wrist and hand piercing must not be present when providing patient care as hand hygiene cannot be carried out effectively.
- Other body piercings permissible but must be covered up by clothing / uniform.
- Earrings must be studs only, no hoops or dangling earrings.
- Visible body piercing must be kept to a minimum, discreet, inoffensive, and not present a safety hazard.
- Staff with gauged or stretched ears must wear a spacer.

Neck Chains:

- One neck chain of worn for religious / faith reasons can be worn but should not be visible. Ankle bracelets must not be visible.

Rings:

- One plain wedding/civil partnership band (no stones).

Bracelets:

- Bracelets are not permitted, however, one Metal Kara (metal bangle worn by Sikh staff) this must be removable or be able to be moved above the elbow when carrying out direct patient care.

Medical Alert Jewellery:

- It is important that where staff have medical conditions that require action if they

become unwell there is a process of identification. Medical alert bracelets for staff who provide clinical interventions are not acceptable in line with the Bare Below Elbows policy. Should staff need to wear a medical alert it should be securely placed as a necklace, within their uniform so that it is out of sight. It is also advisable that staff discuss their individual conditions with their manager and occupational health to ensure we can respond to their needs safely and risk assessed accordingly.

6.3 Badges

- Identification badges (ID) badges should be worn at all times and worn in a place that will not cause injury or increase infection control risk.
- All staff should wear a name badge.
- Students should wear name badges provided by their educational establishment.
- Retractable lanyards and neck lanyards must have a clip release safety fixing and should be of a corporate or approved style. It is the individual's responsibility to keep these clean. Lanyards with a clip-on fastener should be used by all staff working with patients so that the badge can be securely clipped to avoid it hanging over the patient, a clip badge is preferred
- Additional badges promoting vaccination campaigns or denoting a nursing union should not be worn on lanyards. One badge on each lapel is permitted.

6.4 Hosiery

- When trousers are worn, plain dark socks must be worn.
- Tights and stockings should always be worn by staff when wearing dresses and should be limited to black, barely black, grey or neutral.
- Exceptions, such as times of extreme heat should be as a result of a direction from the line manager.

6.5 Footwear

- In clinical areas all footwear must be a black and have full rubber soled shoe, clean, plain, low heeled and in a good state of repair. Footwear should enclose the foot including toes and heels. Staff are responsible to ensure that footwear worn is appropriate to the area in which they are working and complies with health and safety regulations.
- Suede or fabric do not conform to infection prevention and control standards and should not be worn.
- Clinical staff who work in gyms and some therapy areas may wear trainers if felt appropriate by the manager and they must be plain black or white with no logos's. They must be wipeable or machine washable and if they cannot be effectively decontaminated they should be disposed of.

- Any exceptions to the wearing of non-policy footwear must be under the guidance of Occupational Health and be agreed with a line manager.
- Community staff are permitted to wear winter footwear such as snow boots / walking boots when delivering care in extreme conditions such as ice and snow.
- Crocs, flip flops or open toe shoes are not acceptable footwear. Footwear should enclose the foot.
- Theatre staff and those working in dental areas are required to wear specific footwear; this will be agreed with their line manager.

6.6 Personal Hygiene and Appearance

- All staff should maintain a high standard of personal hygiene and avoid excessive use of deodorants, perfume or after shave.
- Uniforms must be clean, in a good state of repair and presentable.
- Any make up worn must be discreet. This includes the use of false eyelashes / eyelash extensions, which if worn must be discreet and securely attached. They must not compromise hygiene standards.
- Nails should be short, well-manicured and clean. Nail varnish, false/acrylic/gel nails and nail extensions are strictly forbidden in the clinical environment.
- Hair should be clean and tidy and off the face. Long hair must be tied back off the collar with a simple plain band and minimum decoration / accessories. Staff must ensure that hairstyles do not present a risk of contamination. Extreme hairstyles or colours are not permitted.
- Head coverings may be worn for cultural, religious or medical reasons but must be close fitting, with no loose ends. These should be plain and undecorated. These, like the uniforms, must be changed daily and laundered following the laundering process recommendations listed later in this policy.
- Staff should be clean shaven or neatly trimmed beards or moustaches worn.
- Where a staff member has a tattoo in an area that remains exposed when wearing their uniform, the tattoo must not be of a nature that could be considered offensive or be unprofessional (no political statements, logos, or crude pictures). If you are unsure whether a tattoo may be viewed as offensive, please discuss with your line manager. Where a tattoo is considered professionally inappropriate or likely to cause offence to others (patients, family/friends, visitors and/or other staff) the individual will be requested to cover the tattoo. If the tattoo in question is below the upper arm and covering would conflict with the bare below the elbow principle for clinical staff, guidance should be sought from line manager in the first instance and then the Infection Prevention and Control team as to suitable PPE to cover the tattoo.
- Smoking or vaping whilst in uniform or on Trust premises is not permitted as per Trusts

Smoke Free Policy. Any staff witnessed smoking in uniform will be managed under the Trust Disciplinary policy.

6.7 Personal Protective Equipment

- Personal Protective Equipment (PPE) The use of personal protective equipment (PPE), must be based on a risk assessment and comply with the relevant Trust policies.
- [Infection Control Personal Protective Equipment Policy](#).
- [Infection Prevention and Control Overarching Policy](#).
- [Hand Hygiene Policy \(including Bare Below the Elbow\)](#).

6.8 Staff Working in Clinical Areas Without a Uniform

- The decision regarding whether a clinical uniform is to be worn is the responsibility of the service directors in conjunction departmental managers.
- Staff should select clothing suitable for the function of the service and to represent the organisation. Clothing worn by staff must be dedicated workwear and not worn for other purposes.
- The following items of clothing are **not** permitted for non-uniformed staff:
 - Low waistband trousers showing the abdomen/lower back allowing underwear to be visible
 - Denim jeans
 - Cropped tops, showing the abdomen/lower back,
 - Strapless or revealing tops,
 - Excessive jewellery other than jewellery stated in the policy,
 - Outfits which have slogans which may be offensive,
 - Other items which may not project a professional image, such as baseball caps, T-shirt with offensive language and hoodies with the hood up.
- Protective clothing should be worn as required/directed.

6.9 Outer Garments

- Outer Garments, jumpers, cardigans, fleece/jackets etc. should not be worn in clinical areas.
- During cold periods staff may wear appropriate warm clothing when they are not attending patients but any additional outer garment, e.g. cardigan, fleece etc. must be plain navy or black in colour and removed before hand hygiene is undertaken prior to patient contact and not put on again until hand hygiene post patient contact has been undertaken. The warm clothing garment must be treated as part of the uniform and washed after each shift following the same wash temperature/laundry process.

6.10 Out of Work

- All GHC staff undertaking work in the community setting must wear the prescribed uniform when on duty and meet all the elements of the uniform policy unless otherwise agreed.
- GHC, bank, agency and locum staff should travel to and from work in their own clothes and change at work. If this is not possible uniform must be covered by an appropriate outer garment.

- GHC, bank, agency and locum staff should not be seen smoking or vaping in uniform.
- GHC, bank, agency and locum staff should not be seen shopping whilst in uniform, exceptions to this are community staff who need to get petrol / food and drink while on duty.

6.11 Individual Requirements

Staff Comfort and Safety As far as possible, subject to the overriding requirements of patient safety and public confidence, staff should feel comfortable in their uniforms and work wear. This includes being able to dress in accordance with their personal preference and cultural practices, where it does not conflict with the above principles and standards outlined in the policy.

There will be circumstances where adhering to the policy may cause difficulties and this must be discussed with the line manager, who will give due consideration.

Any variation from the policy should be addressed through a documented risk assessment. This is to be carried out by the line manager, supported by relevant expertise e.g. Human Resources, Occupational Health, Infection Prevention and Control and Health and Safety, and a decision made based on the assessment which is agreed.

Circumstances may include:

- Pregnancy
- Religious and cultural beliefs
- Issues relating to health
- Staff with a disability
- Staff undergoing gender reassignment.

Staff working with children must take advice from their line managers regarding the flexibility of the uniform policy.

6.12 General Principles

Some staff may have specific clothing requirements based upon the need:

- Personal safety
- Statutory regulatory requirement
- Work environment (including outside working)
- Infection prevention and control.

All staff including Facilities services staff, Administration staff, Portering and Driving staff must wear their issued uniform at all times whilst on duty and are included in the term GHC staff.

Catering Staff and Ward Food Handlers: All staff involved in the preparation and service of food must wear the appropriate agreed uniform, headwear and, where required, protective shoes. Staff working in a kitchen environment must ensure they wear an apron and head cover upon entry to the kitchen area and that their hair is kept covered at all times, and beards must be covered with an appropriate facial mask when preparing food.

Catering Staff must not wear jewellery or false nails in food preparation and service areas (a plain band is permitted).

Volunteers – Standards of Dress: All volunteers must have a Trust identification badge; a uniform is provided for some volunteers either a polo shirt or tabard with the Trust Volunteer Logo upon it.

Employees must take responsibility for making sure their uniform and working clothes are clean and presentable, of good fit and are suitable to wear for their roles and responsibilities.

Guidance above regarding clothes that are unacceptable to be worn for non-uniformed staff must be followed.

All clothes should be cleaned and washed in the correct way to reduce the risk of infection. Clothes that become contaminated with body fluids must be changed at the first opportunity and must not pose a risk of infection.

6.13 Laundering Uniforms

Guidelines for Staff Washing Uniforms at Home:

- Washing with detergents at 30°C will remove most Gram-positive micro-organisms, including methicillin-resistant *Staphylococcus aureus* (MRSA).
- A 10-minute wash at 60°C is sufficient to remove almost all micro-organisms.
- Wash uniforms separately from other clothes to avoid overloading the washing machine which will reduce wash efficiency.
- Wash heavily soiled uniforms separately to prevent cross infection of other clothing.
- Uniforms should be ironed before use as this aids the disinfection process and to present a tidy and professional public facing image.

6.14 Supply of Uniforms

- Staff working with patients will be supplied with uniforms (where agreed for the role) and there is an expectation that the individuals will launder and care for the uniforms ensuring they have a clean uniform for each shift/working day.
- The number of uniforms supplied will correlate to the number whole time equivalent or pro rata shift or work patterns.
- The Trust will replace uniforms when they are damaged or worn out and no longer meet the requirements of this policy.
- Maternity clothing will be provided.
- GHC employ staff across a range of roles and responsibilities and these staff will also require sufficient numbers of items of uniform to ensure that a clean uniform is available to meet their individual work pattern. Facilities / Services staff, Portering staff, Clerical/Administration staff will require the same number as nursing staff as outlined above and shift/work patterns will deem the number of uniforms required through the member of staffs' line manager.

7. PROCESS FOR MONITORING COMPLIANCE

Are the systems or processes in this document monitored in line with national, regional, trust or local requirements?	YES
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Monitoring Requirements and Methodology	Frequency	Further Actions
Spot checks of dress, accessories and uniform compliance using the agreed dress code/uniform audit	Ad-Hoc	IPC Audit / walkabout Matron walk about Line Manager
Questioning samples of staff regarding knowledge of the policy, washing and cleaning routines and health and safety risks	Ad-hoc	IPC Audit / walkabout

8. INCIDENT AND NEAR MISS REPORTING AND REGULATION 20 DUTY OF CANDOUR REQUIREMENTS

- 8.1 To support monitoring and learning from harm, staff should utilise the Trust's Incident Reporting System, DATIX. For further guidance, staff and managers should reference the [Incident Reporting Policy](#). For moderate and severe harm, or deaths, related to patient safety incidents, Regulation 20 Duty of Candour must be considered and guidance for staff can be found in the [Duty of Candour Policy](#) and Intranet resources. Professional Duty of Candour and the overarching principle of 'being open' should apply to all incidents.

9. TRAINING

- 9.1 All staff will have the policy made available to them prior to commencing a post. This is the responsibility of the line manager.
- 9.2 In the event that specialist training is required, e.g. section 6.7 PPE then please contact the IP&C team who will organise required training, for example FIT testing for face masks.

10. REFERENCES

Department of Health (2007) Essential steps to safe, clean care; preventing the spread of infection

Department of Health (2007) Uniforms and Workwear. An evidence base for developing local policy

EPIC3 National Evidence-Based Guidelines for Preventing Healthcare- Associated Infections in NHS Hospitals in England (2014). DOH

NICE clinical guidelines 2; Prevention of healthcare associated infections in primary and community care, 2010

NHS England and NHS Improvement (2020) 'Uniforms and workwear: guidance for NHS employers'.

Manual Handling (2016) [Manual handling. Manual Handling Operations Regulations 1992. Guidance on Regulations L23 \(hse.gov.uk\)](#) (4th Edition). Health and Safety Executive London

RCN (2013) Guidance on uniforms and workwear

Workplace (Health, Safety and Welfare) Regulations 1992, Health and Safety Executive Series, London: HMSO. Available at www.hse.gov.uk/pubns

11. ASSOCIATED DOCUMENTS

DoH (2010) 'Uniforms & Workwear – Guidance on uniform and workwear policies for NHS employers' Department of Health, London

DoH, 2006, Essential steps for Safe clean care.

DoH, 2007 Bare Below the Elbow.

GHC Human Resources (HR) Manual

Appendix 1 - Quick Guide for Staff: All staff involved in direct clinical care must adhere to the requirements below:

<i>Policy</i>	<i>Rationale</i>
Hair: Hair must be tidy, off the face and should be worn off the collar and tied back	Potential for wound contamination from loose hair. If hair is clean and tidy the risk of dispersal is minimal. In certain areas such as food handling areas, hair must be covered as required, with appropriate headwear, to avoid risk of hair contaminating food products. Health and Safety
Fingernails: Nails must be kept short and clean. Artificial/gel/acrylic nails are not permitted.	To avoid transferring bacteria under the fingernails. Reduces the risk of trauma to the patient when involved in direct patient contact. Ensure effective hand hygiene
Jewellery: Staff who work with patients during their working day must keep jewellery to a minimum. Wristwatches including fitness monitoring bands and bracelets must not be worn whilst wearing a uniform or scrubs. Medical alert bracelets should not be worn (see 6.2 for alternative suggestion). One wedding / civil partnership band is permitted (no stones) Rings should not be worn on chains around necks. Ankle chains, bracelets and other visible body ornaments are not allowed. If there is a cultural reason for the wearing of jewellery this should be raised with the line manager and facilitated as long as health and safety/IPC is not compromised.	To prevent injury to staff and patients during manual handling. Jewellery and watches can harbour micro-organisms and make effective hand hygiene more difficult. Rings with stones are hazardous and can scratch patients; the stones may become dislodged. Jewellery that is hanging e.g. a necklace, could potentially be dangerous when working with a confused or violent patient or working with machinery.
Piercings: Facial piercings: one discreet facial piercing which is flat to the skin may be worn; however, hoops and other visible facial piercings must not be worn. Wrist and hand piercing must not be present when providing patient care as hand hygiene cannot be carried out effectively. Other body piercings permissible but must be covered up by clothing / uniform. Earrings must be studs only, no hoops or dangling earrings. Visible body piercing must be kept to a minimum, discreet, inoffensive, and not present a safety hazard. Staff with gauged or stretched ears must wear a spacer. New visible body piercings should be covered with a blue plaster until the wound has healed.	Maintaining a professional appearance is important for patients. Dangling earrings or raised piercings can pose a safety risk if grabbed or caught on clothing. New wounds shed high levels of bacteria.
Footwear: Must be a fully enclosed shoe, clean, plain, low heeled, and in a good state of repair. Staff are responsible to ensure that footwear worn is appropriate to the area in which they are working and complies with health and safety regulations. Exceptions to this are on the recommendation of Occupational Health.	Shoes in a poor state of repair are a safety risk. Staff working in a clinical area must take noise issues into account regarding their footwear.

<p>Trainers are permissible for some staff, they should be plain design wipeable or machine washable, used only for work purposes.</p> <p>No “cros”, open toe shoes / sandals</p>	<p>Health and safety statutory requirements These do not protect staff from potential blood and chemical spill exposure and potential inoculation injuries. DH Guidance-CMO. Bright coloured trainers are not permitted as does not promote a professional appearance.</p>
<p>Tights / Stockings / Socks: Tights / stockings / hold ups: should be plain (navy or black) they must be worn if wearing dresses. During periods of hot weather, it may be advised by a senior manager that tights are not required to be worn.</p>	<p>To promote a professional appearance and prevent skin shedding for infection prevention.</p>
<p>Designated Uniform: Must be changed daily and in line with IPC Policy.</p> <p>Change into and out of uniform at work or cover uniform completely when travelling to and from work. Change immediately if uniform or clothing becomes visibly soiled or contaminated. During periods of hot weather, and at the discretion of a senior manager, it may be advised that normal uniforms may be replaced by scrubs.</p>	<p>Reduces the risk of cross infection.</p> <p>To promote professional appearance. There is no evidence of an infection risk from travelling in uniform, but many people perceive it to be unhygienic. Soiling may present an infection risk and presents an unprofessional image.</p>
<p>ID Badges: Magnetic badges are preferred, should be clearly visible and worn at all times; cleaned regularly with detergent wipes or when contaminated with disinfectant wipes.</p>	<p>Security Policy. Patients should know the name and roles of staff who are caring for them.</p>
<p>Clothes: If own clothes are worn these should be smart and in good repair. Short sleeved blouses/shirts are recommended.</p> <p>All staff to present bare below the elbow when in any patient area. Uniformed staff should be bare below the elbows at all times. Remove or tuck in all neck ties prior to any activity involving patient contact and when entering patient areas. Skirts should be of a length not to touch the floor. Knee-length tailored shorts are permitted. No jeans, sports clothing, or other casual trousers. Low waistbands/cropped tops showing the abdomen/lower back or allowing underwear to be visible are not permitted.</p>	<p>To maintain an overall professional appearance. Enables appropriate hand washing techniques.</p> <p>Cuffs at the wrist can become heavily contaminated and are likely to come into contact with patients. Professional appearance.</p>