

**THE LEEDS TEACHING HOSPITALS NHS TRUST**  
**DRESS POLICY March 2008 as amended Aug 2008**

## **1. INTRODUCTION**

As an NHS Trust our main purpose is to provide excellent, effective diagnosis, care and treatment to people who use our services. In order to do this, patients, visitors, members of the public, partner organisations and patient groups need to see us as competent, respectful, professional, trustworthy, safe, reliable and caring. This is in part promoted by staff appearance.

There are a number of different uniform policies and dress codes in existence within the Leeds Teaching Hospitals Trust. Increasingly queries and requests for advice and guidance about dress and uniform requirements have arisen from both Trust staff, and from university staff in Leeds who place a range of students in our Trust. These queries have broadly covered issues related to general appearance and to meeting religious requirements.

This has highlighted that there is a need for an overarching dress policy for the Trust, which sets out the principles and criteria that are the basis of the Trust approach and should inform all local uniform/dress codes. Some specific uniform/dress codes for different professional groups and job roles may still be needed but these must be reviewed and modified if necessary in order to comply with this Trust Dress Policy. If it is necessary to develop a new uniform/dress code, it must also comply with this Trust Dress Policy

This policy should be read in conjunction with the following Trust policies;

- Infection Control policies, particularly Hand Hygiene and Standard/Universal Infection Control Precautions.
- Health and Safety Policy
- Equality and Diversity Policy
- Smoking Policy

## **2. POLICY STATEMENT**

All staff, volunteers and students/trainees working in the Trust are expected to present a smart and professional image. They must wear the correct relevant approved uniform and protective clothing where this is required. Where uniforms are not required, they should dress appropriately for their role/s in accordance with the principles and practice set out in this policy.

## **3. POLICY EFFECT**

### 3.1 Principles

The policy recognises that employers have reasonable expectations that their employees' appearance will support and promote the values and aims of the organisation. At the same time it takes into account employees' expectations that they will be valued as individuals.

There are many different staff groups working in a range of settings in the Trust and not all staff have contact with patients or visitors. This means that local dress codes may differ dependent on the nature of the work and job roles. However no staff work in complete isolation. All staff are in contact with colleagues and their ID badges identify them as Trust staff when they move about the hospital sites.

All forms of dress, whether or not a uniform is required must:

- Comply with infection control policies in clinical<sup>1</sup> areas and in particular must facilitate effective hand washing/decontamination including the wrists, and, in relevant areas, surgical scrub technique (up to and including the elbow).
- Comply with health and safety policies.
- Support good communication between staff and patients, carers and visitors.
- Support a secure and safe environment.
- Be respectful and reassuring for patients, carers and visitors.
- Maintain the dignity of staff.
- Respect religious requirements provided this does not conflict with the principles above.
- Promote the Trust as a competent, trustworthy, professional organisation.

Any queries or decisions as to what is appropriate dress should be informed by these principles.

It is recognised that staff on call in an emergency may not always be able to comply with the dress requirements of this policy but hand hygiene remains paramount.

### 3.2. General Points (these apply to everyone whatever their job role)

- Trust photo ID badges or, where relevant, the ID badges of the employing organisation or educational institution must be worn and visible at all times.
- Where uniforms are required they must be worn correctly in accordance with local specific dress codes. Modifications will be made if a disability/medical condition makes it difficult or impossible for a member of staff to comply e.g. allergies to specific fabrics, the need for specialist footwear etc. Modification will also be made for pregnant women.
- Where protective clothing is required it must be worn in accordance with health and safety policies, local dress codes and job role.

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<sup>1</sup> For the purposes of this policy a clinical area includes all wards (whatever the role of the staff member) or other patient environment including patient's own homes where treatment and care take place. It is accepted that where patients are seen in a consulting room for counselling type activity where there is no physical contact with the patient, bare below the elbow is not essential.

- Where own clothing is worn in roles where contact with patients, visitors, public and partner organisations etc. is expected, it should be clean and smart presenting an efficient and professional appearance appropriate to the job role/s. For example casual clothing such as jeans, jogging bottoms, combat trousers, flip flops and tops with slogans are not acceptable
- Own clothing in non patient/public roles may be more relaxed but should still be clean and smart.
- All visible own clothing should be modest with e.g. no low cut skirts/trousers or short cut or cropped tops which reveal midriffs or underwear, no plunging necklines, see through garments or miniskirts.
- Generally, hats should not be worn unless they are part of a uniform. However in order to meet religious requirements head covering may be worn. Examples include turbans, head scarves and skullcaps. Where they are part of a uniform they should be in plain colours appropriate to the uniform. Staff who work outside may wear a plain sunhat or a plain woollen or fleece hat.
- To ensure effective communication, clothing which covers the face is generally not permitted for any staff in contact with patients, carers or visitors, nor for staff in other roles where clear face to face communication is essential e.g. training. Staff in these areas who wish to wear a veil for religious reasons when they are not working e.g. during breaks, walking round the Trust, visiting the dining room, shops etc. may do so. However they must remove the veil for checking against their photo ID badge on request. Where there is disagreement about the impact on effective communication it is good practice to assess the effect before reaching a final decision.
- Hair should be clean, neat and tidy.
- All male staff should be either clean shaven or beards and moustaches should be clean, neatly trimmed or rolled and tucked. In some circumstances beard nets or snoods will be necessary. (See specific local dress codes)
- Make up should be natural looking.
- To respect patients and colleagues, all staff should pay attention to their personal hygiene including oral hygiene and avoid wearing strong perfumes/aftershave.
- Where jewellery is permitted it should not present a health and safety risk.
- Religious symbols may be worn discretely provided they comply with health and safety, and infection control guidelines (but see below for specific issues in clinical areas).

Further guidance on implementing the policy is attached (appendix A, appendix B)

### **3.3 Responsibilities**

**Managers in general** are responsible for:

- Ensuring that any local uniform or dress policies for which they are responsible are reviewed and amended if necessary to comply with the overarching Trust Dress Policy
- Ensuring that all the staff (including new staff) for whom they have line management responsibility know about and comply with this policy and any additional local policies.

- Taking the necessary steps to resolve any problems raised by staff about changing facilities, the auto valet, laundry quality and the availability of soap, paper towels and hand gel.
- Resolving or reporting up through the appropriate management structure any circumstances which make compliance difficult including the non availability of uniforms for their staff from the laundry service
- Applying the principles in 3.1 above in developing any new local dress codes

**Ward and Department Managers** are responsible for identifying a lockable room where staff visiting the ward or department can lock jackets and other personal possessions.

**All Staff** are responsible for:

- Ensuring their personal compliance with the Trust Dress Policy.
- Reporting specific difficulties with changing facilities to their line managers in a clear and timely manner.
- Reporting specific difficulties with the auto valet, laundry quality, and the availability of soap, paper towels and hand gel to the relevant staff as soon as a problem is experienced.
- Reporting any other circumstances which make compliance difficult to their line managers

### **3.4 Advice**

Any staff needing advice should pursue this through their management structure and local Human Resources specialists. The Infection Control department, Head of HR Diversity, Head of Chaplaincy, Head of Patient and public Support Services and the Head of Health and Safety can also provide advice if necessary.

### **New staff**

A summary of the policy will be sent out with staff appointment letters and a short paragraph will be included in the staff handbook.

**Failure to follow this policy could result in the instigation of disciplinary procedures.**

## **4. EQUALITY AND DIVERSITY STATEMENT**

The Leeds Teaching Hospitals NHS Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

**4.1 Equality Impact Assessment** – The development of Trust policies must comply with equalities legislation which is to promote equality and human rights and eliminate unlawful discrimination.

<b>1. Screening</b>			
How relevant is this policy and its associated procedures to promoting equality and eliminating discrimination? (indicate in boxes below)			
	Not relevant	Partly relevant (say which parts)	Very relevant
Race/ethnic group:			Yes
Disability <sup>2</sup> :			Yes
Gender:			Yes
Age:			
Sexual Orientation:			
Religion:			Yes
Other (please state) Human Rights			Yes
<b>2. Assessing Impact</b> ( To be completed where the policy and associated procedures has been determined as relevant in the screening process)			
Please specify, in the rows below, anything that you have included in this policy and its associated procedures to ensure that equality is promoted and that no one will be unlawfully disadvantaged (discriminated against) as a result of this policy			
Race/ethnic group:	See religion below		
Disability:	Accepts the need for modification to meet the needs of disabled people or people with a specific medical condition e.g. footwear, allergic reaction to fabrics etc.		
Gender:	The provision of uniforms for pregnant women.		

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Disability covers physical, sensory and mental impairments which include mental illness and learning disability. Long term conditions such as cancer, HIV and Multiple Sclerosis are included and any other condition at the point at which it begins to have an impact on a person's capacity to carry out normal day to day activities.

Age:	
Sexual Orientation:	
Religion:	<p>Specific attention has been given to</p> <ul style="list-style-type: none"> <li>• Recognizing religious requirements both clothing and symbols</li> <li>• Staff are not permitted to wear clothing that covers their face in roles where face to face communication with patients visitors and staff is important. This accords with a recent tribunal judgement where a claim of discrimination was not upheld because communication between the employee and the service users ( in this case children) was less effective when wearing a veil (Kirklees v Mrs Aishah Azim) Good practice would require an assessment if there were to be a dispute.</li> </ul>
Other (please state):	The policy takes into account rights under Human Rights legislation to manifest a religion or belief (article 9) and the right to a private life (article 8).

## 5. CONSULTATION

Religious groups including Sikh, Muslim, Jewish, Christian  
LTHT Chaplaincy Service  
Leeds Metropolitan University  
Leeds University  
Patient Forum  
Staff Side  
E-mail circulation to Trust staff and use of Talkback (29 e-mails and 69posts)  
Chief Nurse Team  
Professor Mark Wilcox  
Gillian Hodgeson Nurse Consultant Infection Control  
Working group incorporating specific staff groups including infection control, universities, AHPs, pharmacy, hotel services, logistics, physiotherapy, nursing, medical, radiography

Key issues arising from the consultation and influencing the policy and associated guidance were religious requirements, infection control, laundry facilities, recommended washing temperatures for modern fabrics, safe storage for jackets/personal items for staff visiting wards.

Not all staff side members agreed the policy

## 6. MONITORING

Managers will be responsible for monitoring the compliance of staff. Scrutiny of grievance cases, disciplinary and harassment cases will be undertaken to assess any adverse impact on any particular group.
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## 7. DOCUMENTATION CONTROL

Policy Title	Dress Policy
Version Number	Final
Supersedes	Draft 6
Date Approved	5 March 2008
Approving Body	Trust Management Board
Review Date	March 2010 or before if there are relevant changes in the approach to infection control or any evidence of adverse impact under equality legislation.
Supporting Procedure(s)	Infection control, particularly hand washing/decontamination
Lead Director	Chief Nurse

## Leeds Teaching Hospitals NHS Trust Dress Policy Implementation Guidance

Below is set out guidance that will help staff to implement the Trust Dress Policy. Section 1 is repeated from the policy document as it applies to everyone and the subsequent sections should be read in conjunction with this

### 1. General Points (these apply to everyone whatever their job role)

- Trust photo ID badges or, where relevant, the ID badges of the employing organisation or educational institution must be worn and visible at all times.
- Where uniforms are required they must be worn correctly in accordance with local specific dress codes. Modifications should be made if a disability/medical condition makes it difficult or impossible for a member of staff to comply e.g. allergies to specific fabrics, the need for specialist footwear etc. Modification will also be made for pregnant women.
- Where protective clothing is required it must be worn in accordance with health and safety policies, local dress codes and job role.
- Where own clothing is worn in roles where contact with patients, visitors, public and partner organisations etc. is expected, it should be clean and smart presenting a professional appearance appropriate to the job role/s. For example casual clothing such as jeans, jogging bottoms, combat trousers, flip flops and tops with slogans are not acceptable.
- Own clothing in non patient/public roles may be more relaxed but should still be clean and smart.
- All visible own clothing should be modest with e.g. no low cut skirts/trousers or short cut or cropped tops which reveal midriffs or underwear, no plunging necklines, see through garments or miniskirts.
- Generally, hats should not be worn unless they are part of a uniform. However in order to meet religious requirements head covering may be worn. Examples include turbans, head scarves and skullcaps. Where they are part of a uniform they should be in plain colours appropriate to the uniform. Staff who work outside may wear a plain sunhat or a plain woollen or fleece hat.
- To ensure effective communication, clothing which covers the face is generally not permitted for any staff in contact with patients, carers or visitors, nor for staff in other roles where clear face to face communication is essential e.g. training. Staff in these areas who wish to wear a veil for religious reasons when they are not working e.g. during breaks, walking round the Trust, visiting the dining room, shops etc. may do so. However they must remove the veil for checking against their photo ID badge on request. Where there is disagreement about the impact on effective communication it is good practice to assess the effect before reaching a final decision.
- Hair should be clean, neat and tidy.
- All male staff should be either clean shaven or beards and moustaches should be clean, neatly trimmed or rolled and tucked. In some circumstances beard nets or snoods may be necessary. (See specific local dress codes)
- Make up should be natural looking.
- To respect patients and colleagues, all staff should pay attention to their personal hygiene including oral hygiene and avoid wearing strong perfumes/aftershave.
- Where jewellery is permitted it should not present a health and safety risk.

- Religious symbols may be worn discretely provided they comply with health and safety, and infection control guidelines (but see below for specific issues in clinical areas).

## **2. Uniforms in clinical areas**

In addition to the points in 1. above:

- The Trust will provide Nursing and Midwifery staff with sufficient uniforms to wear a freshly laundered uniform each day. (See Nursing and Midwifery Dress Code 2005)
- The Trust provides an annual uniform allowance for a range of clinical staff and they must purchase uniforms in accordance with their relevant local uniform policy. Staff should work towards having sufficient uniforms to change them daily when they are providing patient care that means that uniforms may come into contact with patients during treatment or care.
- Uniforms must be clean and pressed and laundered by the Trust laundry service or laundered at home in accordance with the guidance at appendix B or in accordance with the temperature stated on the garment care label. They should be transported to and from work in a clean plastic bag.
- Generally uniforms should only be worn at work and should not be worn in public places unless on Trust business.
- 'Theatre Blues' are required uniform for some specific groups of staff. However other staff have adopted them as practical clothing for their own work areas where they are not necessarily a requirement. Staff should not wear them outside the Trust. The public is very aware of infection issues and it is generally their understanding that this type of clothing is worn for invasive procedures and in high risk areas.
- Staff wearing head covering for religious reasons must ensure that they have sufficient to wear one that is freshly laundered each day.
- Tunic and trousers may be worn instead of dresses. Longer length dresses should be available.
- Long sleeved uniforms must be provided where this is a religious requirement. However sleeves must be rolled back to facilitate hand washing/decontamination including the wrists and must be kept rolled back during patient care.
- Staff may wear one plain ring (no stones) on the finger (staff must pay particular attention to this area during hand washing/decontamination ensuring that the ring and the area underneath is properly decontaminated), one pair of ear studs or small hoops if the ears are pierced. No other visible body piercings are permitted.
- Wristwatches should be removed. (Please see infection control hand hygiene policy)
- Staff whose religion requires them to wear a religious symbol may do so provided that they are discrete and comply with infection control and health and safety policies and guidance e.g. staff who are required to wear a Kara (steel bangle) may do so provided that it is pushed up the arm and taped to enable effective clinical hand washing/decontamination.
- Uniforms must be changed immediately if at any time they become contaminated with blood or body fluids. This includes shoes which must be thoroughly cleaned.
- Single use plastic aprons must be worn where there is a possibility of contact with blood or body fluids or when providing personal or clinical care, or serving food. These aprons should not be worn outside of the ward/clinic/unit.
- Cardigans may be worn in the appropriate uniform colour but should always be removed before contact with patients.
- Tights or stockings should be plain and either black or a neutral colour. In summer, tights or stockings need not be worn.
- Socks should be appropriate to the uniform.

- Shoes should be black, soft soled, low heeled with enclosed toes and heels. Specialist footwear may be necessary in some areas e.g. theatres and should be worn according to the local uniform policy or dress code. Exceptions may be made to footwear requirements when a member of staff has a physical/medical condition requiring different footwear. This should be agreed with appropriate professional advice from a doctor, other relevant healthcare professional or the occupational health department.
- Long hair should be fastened back off the collar. Hair fastenings, when required, should be discrete and without adornment.
- Nails should be kept clean and short. False nails and nail varnish must not be worn.
- Up to two professional badges may be worn but not in theatres.
- Wherever possible tattoos should be covered.

### **3. Own Clothes - Clinical staff in clinical areas.**

This section applies to doctors, and any other clinical staff, students or trainees where there is no requirement to wear a uniform but where there is physical contact with patients either for physical examinations or diagnostic and treatment procedures. **NB** The following points are in addition to the “General” section 1 above:

- Jackets, sweaters or cardigans should be removed before clinical hand washing/decontamination, examining patients or carrying out procedures.
- The sleeves of long sleeved tops such as shirts and blouses should be rolled back to facilitate hand washing/decontamination that includes the wrists and should remain rolled back whilst delivering patient care.
- Staff may wear one plain ring (no stones) on the finger. Staff must pay particular attention to this area during hand washing/decontamination ensuring that the ring and the area underneath is properly decontaminated. One pair of ear rings may be worn but no other visible body piercings should be worn.
- Wristwatches should be removed. (Please see infection control hand hygiene policy).
- Staff whose religion requires them to wear a religious symbol may do so provided that they are discrete and comply with infection control and health and safety policies and guidance e.g. staff who are required to wear a Kara (steel bangle) may do so provided that it is pushed up the arm and taped to enable effective clinical hand washing/decontamination.
- Fingernails should be clean and short. False nails or nail polish should not be worn.
- Ties should either be removed or should be tucked into the front of the shirt to prevent them from coming into contact with patients.
- Good examination technique should prevent clothing from coming into contact with patients. However where there is a possibility of contact with blood or body fluids or where there is a risk of transmissible infection, single use plastic aprons must be worn. These aprons should not be worn outside of the ward/clinic/unit.
- Shirts and other tops should be freshly laundered daily. Ideally this should be at 60 degrees but it is recognised that modern fabrics do not always allow for this therefore they should be washed according to the manufacturers care label. The key is to use plastic aprons where soiling is likely
- Spare clothing should be available in case of contamination with blood or body fluids.
- Long hair should be tied back.
- Wherever possible tattoos should be covered.
- White coats should not be worn. If clothing needs to be protected then single use plastic aprons should be worn.

## ADVICE FOR THE LAUNDERING OF STAFF UNIFORMS / WORK CLOTHES

- Uniforms of clinical staff must be changed whenever soiled and preferably daily.
- The uniforms of clinical staff<sup>1</sup> should be washed appropriately in order to achieve thermal disinfection. Contamination during the working day means uniforms are a potential reservoir for micro-organisms and source of infection.
- They must be washed on a machine cycle that maintains a temperature **of 71°C for at least 3 minutes** or 65°C for at least 10 minutes.
- **Staff are advised to use the Trust laundry service in order to achieve the required standard of decontamination.**
- Domestic washing machines only achieve social cleanliness and are rarely capable of achieving thermal disinfection.
- Where the Trust laundry service is unavailable or inappropriate (e.g. where own clothes are worn) and items are laundered at home they must be washed at the hottest temperature for the fabric,
- Uniforms must be washed separately from other items to avoid cross contamination. Tumble drying will help to reduce the risk of microbial survival.
- When dry, they should be ironed with a hot iron (or according to the fabric label) paying particular attention to the seams as this is where bacteria may harbour.

<sup>1</sup> All staff who have patient contact.

### References

Alyiffe G.A.J. and Collins B. (1989) Laundering of nurses' dresses at home. *Journal of Hospital Infection*, 13: 91-94.

NHS Executive (1995) *Hospital Laundry Arrangements for Used and Infected Linen*. HSG(95)18, NHS Executive, London.

Perry C., Marshall R. and Jones E. (2001) Bacterial contamination of uniforms. *Journal of Hospital Infection*, 48: 238-241.

INFECTION CONTROL  
LTHT 2004 updated 2008