**STANDARDS OF APPEARANCE AND DRESS PROCEDURE**

The key messages the reader should note about this document are:

1. All LYPFT employees have a responsibility to portray a positive and professional image that enhances the confidence of service users, their families and carers, partner organisations and the general public.
2. The procedure ensures we remain compliant with health, safety and security regulations and infection and control and moving and handling guidelines.
3. LYPFT value the diversity of its employees
4. Failure to adhere to the dress code will constitute misconduct

This policy/procedure may refer to staff as qualified/registered/professional or other such term to describe their role. These terms have traditionally referred to individuals in a clinical role at band 5 or above. Please note that the use of these terms **may or may not** include nursing associates or associate practitioners (band 4). For clarification on whether a nursing associate or associate practitioner is an appropriate person to take on the identified roles or tasks in this policy/procedure please refer to the job description and job plan for the individual, or local risk assessment.

**DOCUMENT SUMMARY SHEET**

ALL sections of this form must be completed.

|  |  |
| --- | --- |
| Document title | Standards of Appearance and Dress Procedure |
| **Document Reference Number** | HR-0018 |
| **Key searchable words** | *Appearance, Dress, Uniform* |
| **Executive Team member responsible (title)** | Chief Operating Officer and Director of Nursing and Professions |
| **Document author (name and title)** | Gail Galvin Professional Lead for Nursing(Leeds Care Group) |
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**Amendment detail**

|  |  |  |
| --- | --- | --- |
| **Version** | **Amendment** | **Reason** |
|  |  |  |
|  |  |  |

**Important Document Addendum**

* Since this procedure was approved a change in care services leadership has occurred resulting in the removal of care groups and the disestablishment of the position of Associate Director. References to care groups should be disregarded and the concept of service lines which include:

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| * Liaison & specialist inpatients
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| * Regional and Specialist
 |
| * Older Adults
 |
| * Community and Wellbeing
 |
| * Adult Acute Services
 |
| * Learning Disabilities
 |
| * Forensics
 |
| * Regional Eating Disorders & Rehabilitation
 |
| * Children and Young People
 |

and care services should be considered alongside the introduction of Heads of Operations for each service line.

Policies and procedures should indicate that either Heads of Operations or the Deputy Chief Operating Officer should replace any reference to Associate Director in terms of specified authority or decision making.

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**1.** **INTRODUCTION**

Leeds & York Partnership Foundation Trust (LYPFT) recognises the importance of appearance in creating a positive and professional image that enhances the confidence of service users, their families and carers, partner organisations and the general public. In addition, within a health care setting, some issues of health and safety, infection control and security are closely linked to dress and appearance. However LYPFT also respects a natural desire for a certain degree of individuality and discretion in how people dress and present themselves.

This policy has therefore been designed to support good practice with regard to health and safety, infection control and security, as well promoting a code of practice that will engender a positive and professional image without being unreasonably prescriptive.

**1.2 THE PROCEDURE**

**Identification**

On induction all new employees are provided with photographic ID badges by the Trust. ID badges should have a quick release safety mechanism and must be worn and visible at all times whilst at work unless the situation suggest that injury may occur to service users, staff or visitors or it is inappropriate to do so.

It may be inappropriate to wear identification in the community on escorted visits and/or in public places. On these occasions ID badges should be carried by the employee at all times and be readily available to be displayed.

Agency staff, students and contractors must display identification provided by their employing organisation at all times whilst working within the Trust as should Volunteers as referenced in the Volunteer Procedure (HR-0007)

Employees must report the loss of an identity badges to their line manager as soon as possible and arrange for a replacement by contacting the Facilities Department.

The above is in line with LYPFT’s Access Control and Management of Unauthorised Persons Causing a Nuisance or Disturbance Procedure (FE-0021).

**General Appearance**

The way staff dress has an important influence on people’s overall perceptions of the standards of care they experience (DH, 2010). For this reason all employees need to be aware of the image they present to service users, carers, their colleagues and the general public.

Staff who work in clinical areas have particular responsibilities both to themselves and to others with regard to issues such as infection control, health and safety and professional recognition.

LYPFT believes that, in the overwhelming majority of cases, staff dress appropriately. This procedure is intended to act as guidance to staff and managers so that they may be confident in their appearance and not unwittingly or otherwise cause risk, discomfort or concern to themselves or others.

Hair and facial hair should be clean, neat and tidy at all times. Long hair should be tied back sufficiently so it does not fall over the face when delivering direct patient care or preparing food.

Jewellery should be kept to a minimum, be appropriate to the person’s role and in keeping with the presentation of a professional image. Staff engaged in direct clinical care may wear one smooth ring and small stud earrings. Small discreet facial piercings are permitted but these must consist of small plain studs. The risk arising from the wearing of facial piercings should be taken into consideration by staff who chose to wear them and where the risk of injury is identified these should not be worn. No wrist jewellery including watches with the exception of the Sikh Kara should be worn when performing a physical intervention or procedure.

Visible tattoos where present should not be offensive or provocative to others. Where they are deemed to be offensive they must be appropriately covered.

Make up should be simple and minimal.

Staff may not smoke or use e-cigarettes at any time whilst wearing a visible uniform or badge, which identifies them as a Trust staff member. If employees smoke off site, uniforms must be fully covered by a coat or the staff member must change out of their uniform. (C-0065 LYPFT Nicotine Management and Smoke Free Procedure)

**7.2 Infection Prevention and Control**

All employees should maintain and promote a high level of personal hygiene and effectively demonstrate the general principles of cross infection by wearing clean work wear or uniforms each day.

While hand hygiene is well recognised as the single most important factor in the prevention of cross infection, employees need to follow guidance regarding wearing of aprons, gloves and other personal protective clothing (PPE) as described with the LYPFT’s Standard Infection Control Precautions (IC-0004) or agreed in local procedures.

LYPFT endorses the ‘Bare Below the Elbows’ initiative for all staff working within a clinical area. Staff must have short sleeves or rolled up long sleeves. The exception to this is Muslim female staff that for religious reasons are permitted to wear disposable over-sleeves, elasticated at the elbow and wrist. These must be put on and discarded in exactly the same way as disposable gloves and strict procedures for washing hands and wrists must still be observed.

Ties and badge lanyards should be removed or tucked into clothing where possible when delivering direct clinical interventions.

Fingernails should be kept clean and short to prevent harm to service users and staff and prevent infection. False nails, nail varnish and nail adornments are not permitted in clinical areas. (LYPFT Hand Hygiene Procedure IC-0002)

**Health and Safety**

Where protective clothing and equipment is required it must be worn in accordance with health and safety policies, Local Working Instructions and job role. All employees have a responsibility to alert their line manager if the appropriate protective equipment is not available to them.

Footwear must be safe, sensible, smart and clean, as well as appropriate to the duties being performed.

In clinical areas flat, practical footwear must be worn. Open toe sandals, flip-flops, clogs, mules or sling back are not permitted. Smart trainers can be worn.

Appropriate protective footwear will be provided for staff whose jobs require them to wear it.

**Non-Uniformed staff**

All staff have a duty to dress appropriately. Where own clothing is worn it should be clean, smart, safe and practical, presenting a professional appearance appropriate to their job role. Line managers are responsible for ensuring their staff adhere to these principles.

The wearing of jeans is permitted however trousers or jeans that are ripped, frayed or low waisted exposing the abdomen or lower back and underwear cannot be worn.

Clothing that is too tight, too revealing or see- through is unacceptable. Clothing that could be construed as provocative such as low cut tops, thin- strapped vest tops, short skirts and dresses and cropped tops are not permitted.

Clothing must not display slogans or logos which may cause offence or demonstrate negative values.

The wearing of baseball caps, hats or other non-religious headwear is not permitted.

LYPFT value the diversity of its staff and welcomes the variety of appearance brought by individual styles and choices. The wearing of items from particular religious and cultural norms such as saris, turbans, skullcaps, hijabs and kippahs is seen as part of the diversity of both our workforce and the population we serve. This can be agreed between individuals and their line managers to ensure that we remain compliant with health, safety and security regulations and infection and control and moving and handling guidelines.

Due to the importance of non- verbal communication, particularly facial expression, in establishing good working and therapeutic relationships, clothing which covers the face is not permitted.

**Uniformed Staff**

When wearing uniform, members of staff should remember that the image of their profession, as well as the Trust, is influenced by their appearance and behaviour.

Staff are permitted to wear their uniform when travelling to and from duty as: ‘There is no evidence of an infection risk from travelling in uniform, but many people perceive it to be unhygienic’ (DH, 2010). However if staff prefer not to do this staff changing/shower facilities for use by all LYPFT employees, are available at all major sites where uniforms are worn by clinical staff. Staff should consult with their line manager if they are unsure of the location of these facilities.

Some service users being escorted on community activities have expressed a preference for their confidentiality to be maintained. For this reason it may be inappropriate for staff to wear their uniform when escorting service users outside of their place of work. In these circumstances a discussion involving the service user requiring escort must take place, which may result in a request for staff to change into more suitable clothing or to ensure their uniform is not visible. Any such requests made by the service user, should be documented in their care plan to ensure that all staff are aware of this requirement.

Nurses, ward/unit managers, matrons, health support workers, allied health professionals and administrative staff working in identified clinical areas will be provided with a uniform appropriate for their role.

Uniforms remain the property of the Trust and should not be altered in any way, other than to ensure an appropriate fit. All uniforms issued by the Trust will be available in styles appropriate for maternity wear.

Staff will be provided with an allocation of uniforms according to their pattern of working (Appendix A).

Employees are permitted to wear their own clothes as part of a uniform, as long as the items worn are in keeping with the style and colour of the Trust’s uniform. This must be agreed and monitored by managers. Appendix A addresses the range and choice of uniforms to staff working in areas highlighted above and Appendix B outlines the uniform ordering process.

**Laundering of uniforms**

The laundering of uniforms is the responsibility of the individual staff member. In clinical areas a clean shirt, blouse, tunic or dress should be worn for each shift. Uniforms should be laundered as described in LYPFT Laundry Guidance (IC-0017)

It may be possible to claim tax relief in respect of laundry costs by contacting the Inland Revenue. If employees require more information they should contact their union representative.

**Requests for variations to the procedure**

Any specific requirements arising from employees’ religious, cultural or medical needs should always try to be accommodated within local arrangements, providing there is no negative impact on service delivery. Requests for variation to this procedure in order to meet specific requirements will be considered by service managers and reasonable adjustments will be made to ensure staff are not discriminated against.

With regards to transgender staff, line managers should allow flexibility during transition and respect the individual’s wishes as to when he or she is comfortable to change into the form of dress appropriate for their new gender identity. However, having made the decision to dress in the acquired gender, the individual will be expected to dress appropriately for their local work environment.

Line managers will issue guidance about local adaptation to the wearing of uniform in periods of extreme hot or cold weather and should reflect the general principles of appearance already outlined in this procedure.

Failure to adhere to the dress code will constitute misconduct and may result in formal disciplinary proceedings according to LYPFT’s Disciplinary Procedure (See Appendix C).

**2 Appendices**

**Appendix A – Uniform allocation and style**

**Uniform Allocation**

Staff working in clinical areas that have agreed to wear uniforms will be provided with a set of uniforms by the Trust. The number of uniforms provided will be determined by the number of hours a member of staff is contracted to work.

**Hours worked Number of uniforms**

**37.5 5 tops & 3 trousers**

**30 4 tops & 3 trousers**

**22.5 3 tops & 2 trousers**

**15 2 tops & 1 trousers**

**7.5 1 top & 1 trousers**

It is recognised that not all staff work the hours listed above and this information should be used as a guide when requesting uniforms**.**

Trust bank staff will be provided with one set of uniforms. From April 2019 they will be provided with 2 sets of uniforms. Additional items may be purchased direct from the uniform supplier if required. Information relating to the cost of items and ordering process is available from the Temporary Staffing Department.

**Uniform style**

The style and colour of the uniform provided to staff will depend upon their role within the organisation. In trying to accommodate the preferences of both staff and service users, a range of options are available. Staff are able to choose a selection of uniforms from the items listed below:

**Nursing staff and health support workers:**

Navy blouse/shirt – long-sleeved or short sleeved

Navy tunic with white trim/navy epaulettes

Navy dress with white trim

Black trousers

**Allied Health Professionals:**

White blouse/shirt – long-sleeved or short sleeved

Plain white tunic or dress for support staff

Green tunic or dress for Occupational Therapists (White Tunic for OT students)

Black trousers

**White tunic or dress with navy trim/epaulettes for Physiotherapists**

White tunic or dress with royal blue trim/epaulettes for Dieticians

Black trousers

**Ward Administrative staff:**

Sky blue blouse/shirt – long-sleeved or short sleeved

Black trousers or skirt

**Appendix B – Ordering process for uniforms in clinical areas**

All line managers in uniformed areas will be provided with information regarding the ordering process. Uniforms are ordered via the e-procurement system and delivered to individual wards/units. Any issues with uniform orders should be reported to the Trust’s Procurement Department.

**New starters**

Once the application of a new starter is being pursued, information regarding uniform choice, a size guide and the ordering process will be provided to them by the appointing manager. On receipt of the necessary information, the line manager will place a new order. Uniforms will be delivered to the ward ready for new starters to collect on their first day in post, following Trust induction.

**Returns and exchanges**

All uniforms are guaranteed for 2 years. As a result the supplier will replace or repair any items that do not last the course of this period. Line managers will be responsible for organising the return and exchange of uniform items and should ensure a record of any returns/exchanges is retained.

New uniform requests for reasons other than those outlined above, will be actioned at the discretion of the line manager.

**Maternity wear**

Maternity wear is available for female staff and line managers are responsible for ordering the required items, upon request.

**Appendix C – Standards of Appearance and Dress Procedure**

The flow chart below outlines procedure that may be used by managers where an aspect of dress is deemed to be inappropriate to the task, location of the task or in the portrayal of a professional image.

Is the item of clothing or the appearance of the employee a risk to the health and safety of anybody or is the staff member not wearing uniform, in a uniformed area?

Does the inappropriate dress or appearance need to be altered immediately in the interests of safety**,** public image or uniformity?

NO

Is it reasonable to allow the employee to continue to complete their current shift as they are dressed?

The employee should be asked to change into more suitable dress immediately. If this involves a trip home, the employee shall not bereimbursed for time or travel away from work.

The manager should meet with the employee at the earliest possible time to discuss concerns and the reasons behind them. At this meeting the discussion should revolve around what is acceptable dress. The manager may set a time limit for improvement of dress/appearance if deemed appropriate.

 NO

NO

Is the garment or appearance of the employee displaying an unprofessional or negative image of the service and/or the Trust?

NO

YES

Yes

If there is no improvement in the employees’ dress or appearance within a given timescale following this process, the manager may consult the Trust’s Disciplinary Procedure. The employee should be made aware that failure to adhere to the Standards of Appearance and Dress Procedure or Disciplinary Policy could result in dismissal.

If the appearance of the individual is safe and they are portraying a professional image, thereshould be no need for further action with regard to the Standards of Appearance and Dress Procedure

YES

YES

**PART B**

**3 IDENTIFICATION OF STAKEHOLDERS**

The table below should be used as a summary. List those involved in development, consultation, approval and ratification processes.

|  |  |
| --- | --- |
| **Stakeholder** | **Level of involvement** |
| Director of Nursing and Professions | Consultation |
| Chief Operating Officer | Consultation |
| The Diversity Team | Consultation |
| Senior Operational Managers | Consultation |
| Infection Prevention and Control Team | Consultation |
| Staff Groups | Consultation |
| JNCC | Consultation |
| Inpatient Your Views group | Consultation |
| Staffside | Consultation |

**4 REFERENCES, EVIDENCE BASE**

Department of Health (2010) Uniforms and workwear: Guidance on uniform and workwear policies for NHS employees London: DH

Religion or Belief: Dress Codes and Religious Symbols (2018) Equality and Human Rights Commission

**5 ASSOCIATED DOCUMENTATION**

LYPFT Disciplinary Procedure

 LYPFT Nicotine Management and Smoke Free Procedure

 LYPFT’s Standard Infection Control Precautions

 LYPFT Hand hygiene procedure

 LYPFT Laundry Guidance

LYPFT’s Access Control and Management of Unauthorised Persons Causing a Nuisance or Disturbance Procedure

**6 STANDARDS/KEY PERFORMANCE INDICATORS (if relevant)**

**7. EQUALITY IMPACT**

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. Consideration must be given to any potential impacts that the application of this policy/procedure might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

Declaration: The potential impacts on the application of this procedure have been fully considered for all nine protected groups. Through this process I have not identified any potential negative impacts for any of the nine protected groups.

Print name: Gail Galvin

Job title: Clinical Operations Manager

Date: 21 March 2019

If any potential negative impacts are identified the Diversity Team must be contacted for advice and guidance: email; diversity.lypft@nhs.net.

**CHECKLIST**

To be completed and attached to any draft version of a procedural document when submitted to the appropriate group/committee to support its consideration and approval/ratification of the procedural document.

This checklist is part of the working papers.

|  | **Title of document being newly created / reviewed:** | **Yes / No/** |
| --- | --- | --- |
| **1.** | **Title** |  |
|  | Is the title clear and unambiguous? | *Y* |
|  | Is the procedural document in the correct format and style?  | *Y* |
| **2.** | **Development Process** |  |
|  | Is there evidence of reasonable attempts to ensure relevant expertise has been used? | *Y* |
| **3.** | **Content** |  |
|  | Is the Purpose of the document clear? | *Y* |
| **5.** | **Approval** |  |
|  | Does the document identify which committee/group will approve it?  | *Y* |
| **6.** | **Equality Impact Assessment** |  |
|  | Has the declaration been completed? | *Y* |
| **7.** | **Review Date** |  |
|  | Is the review date identified? | *Y* |
|  | Is the frequency of review identified and acceptable? | *Y* |
| **8.** | **Overall Responsibility for the Document** |  |
|  | Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document? | *Y* |

|  |
| --- |
| **Name of the Chair of the Committee / Group approving** |
| If you are assured this document meets requirements and that it will provide an essential element in ensuring a safe and effective workforce, please sign and date below and forward to the chair of the committee/group where it will be ratified. |
| Name | *Lindsay Jensen* | Date | *23 January 2019* |
| **Name of the chair of the Group/Committee ratifying** |
| If you are assured that the group or committee approving this procedural document have fulfilled its obligation please sign and date it and return to the procedural document author who will ensure the document is disseminated and uploaded onto Staffnet. |
| Name | *Lindsay Jensen* | Date | *6 February 2019* |