



Uniform Procedure

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Name of originator/ author:	Lorna Stuart, Operating Unit Manager

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Equality Analysis Record

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1 Scope

- 1.1. This procedure applies to all members of South East Coast Ambulance Services NHS Foundation Trust (the Trust) who are required to wear uniform.
- 1.2. First impressions are important and as a form of non verbal communication they often determine the attitude which will be conveyed within the staff/patient relationship. A neat, well groomed appearance will impart an impression of an efficient, professional person representing an efficient, professional ambulance service.
- 1.3. It expands on the Code of Conduct Provisions contained within the Ambulance Service Basic Training Manual (Section 2, 2.1. Code of Conduct) with regard to the personal appearance of staff whilst at work.

2 Procedure

- 2.1. All uniform issued to staff by the Trust will remain the property of the Trust at all times and must be returned at the termination of employment and reconciled with a list of items issued at the beginning and during the employment, failure to do so could result in delay of payment of monies due or in extreme cases, police involvement.
 - 2.1.1. The uniform must not be worn for any unauthorised activities outside of the employment of the Trust.
 - 2.1.2. Employees should ensure their uniform is complete and of current and standard issue only, and not worn with non-essential extras (such as jewellery, badges etc).
 - 2.1.3. Smoking, e-cigarettes or drinking alcohol in uniform will not be permitted or tolerated on Trust sites or in Trust vehicles. Members of staff who smoke whilst wearing the Trust Uniform will be required to cover the uniform with appropriate outer clothing that does not identify the Trust. This also applies to staff who are off duty and travelling to and from their place of work. Staff are not permitted to buy alcohol unless the Trust uniform is covered with an appropriate outer layer of clothing that does not identify the Trust. Non-compliance may result in disciplinary action.
 - 2.1.4. Staff are not permitted to alter their uniform in any way except for sizing adjustments.
 - 2.1.5. No visible additional or substituted items of clothing may be worn unless authorised by their line manager.

2.2. Care of Uniform

- 2.2.1. It is the responsibility of each member of staff to take appropriate care of all issued items, to follow the manufacturer's instructions with regard to cleaning and storage to minimise the risk of damage or loss.
- 2.2.2. It should be noted that blood cannot be washed by hot washing alone; it must first be soaked in cold salt water then washed at standard temperature. However, a 10 minute wash at 60°C is sufficient to safely dilute or remove most micro-organisms. Should a garment become so heavily contaminated that it cannot be effectively cleaned and requires disposal, this should be done as per hazardous waste and with the authorisation of the individual's line manager. See 'Disposal of Uniform' below).
- 2.2.3. Staff should keep a spare set of uniform at their place of work, in case of uniform soiling whilst on duty or requests from the police to take items of uniform. It is not acceptable for staff to have to return home to change.

2.3. Shirts

- 2.3.1. Only the Trust issued T-Shirts may be worn under shirts.
- 2.3.2. Shirts will be worn tucked inside the trousers/skirt. Staff that are pregnant are permitted to wear their shirts outside of their trousers once they can no longer be tucked in smartly.

2.4. Footwear

- 2.4.1. Socks must be plain black.
- 2.4.2. Only approved Trust footwear is to be worn and should a member of staff be unable to wear this footwear for medical reasons, (supported by a doctor's letter), the Trust will reimburse up to £45.00 towards the cost of appropriate alternative footwear.
- 2.4.3. If a staff member requires high ankle boots these may only be ordered after an occupational health referral and review has taken place and with their line manager's permission.
- 2.4.4. Footwear must be maintained in a clean and serviceable condition, any defects must be immediately notified to the staff member's line manager.

2.5. Hair

- 2.5.1. Hair is to be maintained in a clean, presentable and tidy condition at all times. Staff members with long hair (reaches below shirt collar) must keep it tied up above the collar line.

- 2.5.2. Any accessories that are used to tie or clip hair in place should be small and discreet, and of a dark colour. Any clips/hair ties worn must not contain any stones/beads etc, and must allow for the correct fitment of the individual's safety helmet.
- 2.5.3. Beards and moustaches may be worn providing they are established only during leave periods or long periods of off duty days and kept neatly groomed and clean. It is unacceptable to come to work with the appearance of stubble. The Trust advises staff that some beards may present a problem with wearing of 3M7500 FFP3 reusable masks and will therefore not give adequate protection whilst performing procedures which may create airborne particles, such as intubation, airway aspiration or nebulising.

2.6. Jewellery

- 2.6.1. Ear jewellery will be allowed in the form of a maximum of two studs per lobe of the ear, and no jewellery in the tragus or pinna is permitted. Hoop or dangling earrings are not permitted. Other visible body piercing jewellery (including tongue piercing) will not be allowed whilst in uniform, except where this is a recognised cultural need (such requirements will be discussed at interview and a note placed on the individual's record to this effect).
- 2.6.2. Neck jewellery must not be visible at any time while in uniform.
- 2.6.3. In the interests of Health & Safety, infection prevention and control and a professional appearance, only a plain band (wedding ring style) will be acceptable as hand jewellery when patient facing.
- 2.6.4. Wrist watches are not to be worn whilst in uniform; and bracelets are not permitted unless they are the approved "medic-alert" type or are worn for medical reasons (supported by a doctors' letter) or for cultural reasons. These are to be removed whilst performing hand hygiene practices. (Please refer to the Infection Prevention and Control Policy).

2.7. "Bare below the elbow"

- 2.7.1. "Bare below the elbow" will be adopted by all staff performing direct patient care, unless wearing clothing issued for health and safety reasons or inclement weather. These sleeved items should be removed whilst performing hand hygiene practices within clinical care settings.

2.8. Identification

- 2.8.1. To identify staff, embroidered name badges are woven onto the shirts. Only additional badges authorised by the Trust may be worn on the uniform. Trust ID cards must be carried at all times.

- 2.8.2. Job titles or Clinical grade will be displayed on epaulettes (rank markings epaulettes will only be worn/displayed on Hi Viz garments/safety helmets).

2.9. Tattoos

- 2.9.1. To maintain a professional appearance, staff are required to cover tattoos where these are extensive or may be deemed offensive. Following issue of this Procedure, no additional tattoos are permitted on the hands, face, or neck. They must not be of an offensive nature (i.e. sexual, racist, aggressive, etc.).

2.10. Personal standards

- 2.10.1. All staff should adhere to the following personal standards: good hygiene, cleanliness and a neat appearance. Advice can be obtained from Operational Managers, Clinical Education Leads, Human Resources, Infection Control Team, Occupational Health or Staff side representatives.
- 2.10.2. Make up may be worn in moderation only.
- 2.10.3. Finger nails should be short and clean. On no account is nail polish (clear or coloured) and/or false nails permitted when performing direct patient care.

2.11. Sharp Objects

- 2.11.1. Pens and scissors etc in breast or sleeve pockets may cause harm when moving patients. Such items should be carried away from possible direct patient contact to prevent harm or cross contamination/infection.
- 2.11.2. Only the ribbons of medals can be worn on the shirt while practicing within clinical care settings.

2.12. Personal Protective Equipment (PPE)

- 2.12.1. The uniform itself is not considered as PPE, and so PPE must be worn in any situation where there is danger or potential danger to the individual, e.g. road traffic collisions; other highway incidents; poor visibility; construction sites; and potential blood/body fluid splashing etc. The following list is an example and not exhaustive:
 - 2.12.1.1. Safety helmets;
 - 2.12.1.2. Safety footwear;
 - 2.12.1.3. Debris gloves;
 - 2.12.1.4. Fluorescent jackets;

- 2.12.1.5. Disposable plastic aprons;
- 2.12.1.6. Disposable medical gloves;
- 2.12.1.7. Disposable face masks;
- 2.12.1.8. Eye protection safety hoods; and
- 2.12.1.9. FFP3 reusable masks.
- 2.12.2. PPE must not be left on show in private vehicles due to risk of theft and the security implications that this would involve. Prolonged exposure of magnified sunlight (through vehicle windows) will fade or damage the high visibility materials or compromise the safety standards of the garment.

2.13. **Loss or Theft**

- 2.13.1. If an item of uniform is lost or stolen, the employee is responsible for informing their line manager as soon as possible. An incident report form (IWR1) must also be completed and submitted. Where the loss is substantial, or part of a wider loss of Trust equipment, the Local Security Management Specialist (LSMS) must be informed as soon as possible via the IWR1 System, phone or email.
- 2.13.2. In circumstances where theft is suspected the Police must be informed, this would normally be done by the line manager or out of hours duty manager. This is particularly important when security concerns are heightened, e.g. high-profile events occurring in the Trust.

2.14. **Disposal of Uniform**

- 2.14.1. Items that are visually identifiable as the whole or part of a Trust uniform (e.g. due to their colour or style), have insignia or are otherwise unique to the Trust and which are not suitable for reuse must be disposed of securely. They must be returned to the line manager or stores and will then be shredded by an approved contractor.

3 **Responsibilities**

- 3.1. The responsibility for ensuring that the procedure is enforced lies with the Trust Board and the **Chief Executive Officer**.
- 3.2. The **Operating Unit Manager** is responsible for overseeing the implementation and monitoring of this procedure.
- 3.3. **Procurement and Finance Directorates** will ensure appropriate resources; facilities and associated supplies for staff to effectively adhere to this procedure are available and maintained. All uniform issued to staff by the Trust will remain the property of the Trust at all times and must be returned at the termination of employment and reconciled with a list of

items issued at the beginning and during the employment, failure to do so could result in delay of payment of monies due or in extreme cases police involvement.

- 3.4. **All Operational Managers, Clinical Managers and Team Leaders** are responsible for ensuring that this procedure is being routinely applied by all uniformed staff and that suitable and necessary facilities to support this procedure are readily available in all Trust settings.
- 3.5. **All uniformed members of staff** are individually responsible for adhering to this procedure.

4 Audit and Review

- 4.1. Staff should receive information and education (as necessary) when there is a change in the uniform supplied.
- 4.2. All Managers and Team Leaders are responsible for monitoring compliance to ensure this procedure is adhered to.
- 4.3. Monitoring compliance on a day to day basis will be undertaken by the Operational Managers, Clinical Managers and Team Leaders by observing staff during duty hours. Remedial action for non-compliance should be part of a personal development plan.
- 4.4. The Infection Control Team, on behalf of the Infection Control Sub Group will periodically monitor compliance through auditing of infection prevention and control standards. The reporting of non-compliance and deficiencies will be undertaken through the responsible Line Managers and the Infection Control Sub Group (ICSG) for remedial action.
- 4.5. This procedure will be reviewed three yearly by the Trust's Senior Management Team and Staff Side Representatives through the Strategic Partnership Forum to ensure it is meeting its aims and objectives. The procedure will be reviewed sooner if new legislation, codes of practice or national standards is introduced.

5 Associated Documentation

- 5.1. Recruitment & Selection Policy
- 5.2. Smoking Procedure V2.00
- 5.3. Equality, Diversity and Human Rights Policy
- 5.4. Health & Safety Policy
- 5.5. Infection Prevention and Control Policy V6.00
- 5.6. Security Management Policy V2 00

6 References

- 6.1. Department of Health (2006) The Health Act 2006 (rev 2008): Code of practice for the prevention and control of healthcare associated infections. London: DoH.
- 6.2. Department of Health (2007) Uniforms and Workwear: an evidence base for developing local Procedure. London: DoH.
- 6.3. Department of Health (2007) Saving Lives: reducing infection, delivering clean and safe care. London: DoH.
- 6.4. Health and Safety Executive (INDG174 rev 08/05) A short guide to the Personal Protective Equipment at Work Regulations 1992. Suffolk: HSE books.
- 6.5. Health and Safety Executive (2005) COSHH a brief guide to regulations: What you need to know about the Control of Substances Hazardous to Health Regulations 2002. Suffolk: HSE books.
- 6.6. Prat, R. Pellowe, C. Wilson, J. Loveday, H. et al (2007) epic2: National evidence-based guidelines for preventing healthcare-associated infections in NHS hospitals in England. Journal of Hospital Infection, 65, pp. S1-S64. Elsevier, Science Direct.
- 6.7. The Health and Safety at Work etc Act 1974 sections 2 and 3. Section 2 covers risks to employees and Section 3 to others affected by their work e.g. patients.
- 6.8. Health and Safety Executive (1999) Management of Health and Safety at Work Regulations 1999 (Management Regulations), that extend the cover to patients and others affected by microbiological infections, and include control of infection measures.
- 6.9. 'Securing Health Together', the Health and Safety Executive (HSE) long term strategy for occupational health, that commits HSE/Health and Safety Commission and their fellow signatories (including the Department of Health) to a 20 per cent reduction in ill health caused by work activity by 2010.
- 6.10. Health Act 2006 Code of Practice, Duty 4 to maintain a clean and appropriate environment includes at section (g) that the supply and provision of linen and laundry reflects Health Service Guidance HSG95(18), as revised from time to time and at section (h) that clothing (including uniforms) worn by staff when carrying out their duties is clean and fit for purpose.
- 6.11. Ambulance Service Basic Training Manual (Section 2, 2.1. Code of Conduct)

7 Glossary

- 7.1. **Personal Protective Equipment (PPE):** Issued above the standard uniform issue to protect against a specific risk to health and safety', e.g. Fluorescent jacket, FFP3 reusable mask, EPD (electronic dosimeter); EH20 escape hood and helmet. PPE must be worn in any situation where there is danger or potential danger to the individual, e.g. road traffic collisions; other highway incidents; poor visibility; construction sites; and potential blood/body fluid splashing etc.

Document Control**Manager Responsible**

Name:	Lorna Stuart
Job Title:	Operating Unit Manager
Directorate:	Operations

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Person/Committee	Comments	Version	Date
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Internal Stakeholders	
External Stakeholders	

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