

## Directorate of the Chief Nurse

# DRESS POLICY FOR ALL STAFF WORKING IN THE CLINICAL ENVIRONMENT

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Northern Lincolnshire and Goole NHS Foundation Trust actively seeks to promote equality of opportunity. The Trust seeks to ensure that no employee, service user, or member of the public is unlawfully discriminated against for any reason, including the "protected characteristics" as defined in the Equality Act 2010. These principles will be expected to be upheld by all who act on behalf of the Trust, with respect to all aspects of Equality.

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## 1.0 Purpose

- 1.1 Staff who come into direct clinical contact with patients and/or the patients' environment encounter and pose an additional set of risks to non-clinical staff. Therefore as well as the requirements detailed in the 'Dress Policy for All Staff', the **additional** requirements in respect of dress for clinical staff are detailed within this policy.
- 1.2 This policy aims to ensure a consistent and corporate approach to uniforms for those working in a clinical environment ensuring uniforms comply with Health & Safety, Infection Control and laundry requirements. Authorisation for any new uniforms, for any discipline working within the Trust, should therefore be obtained from the Chief Nurse through NMAF.

## 2.0 Area

This policy covers staff working in any Trust setting (any of the 3 hospital sites) and when off Trust premises (including community services) on Trust business and when going to and from work.

## 3.0 Duties

- 3.1 All staff employed by or working on behalf of Northern Lincolnshire & Goole NHS Foundation Trust (This includes those with honorary contracts, bank and agency workers, contractors, volunteers and students). The duties are detailed in section 4.0 and 5.0.

## 4.0 Actions

### 4.1 Duties and responsibilities of all staff

- 4.1.1 Effective hygiene and preventing infection are absolute in all healthcare settings. Although there is no conclusive evidence that uniforms and workwear play a direct role in spreading infection, the clothes that staff wear should facilitate good practice and minimise any risk to patients. Uniforms and workwear should not impede effective hand hygiene, and should not unintentionally come into contact with patients during direct patient care activity.
- 4.1.2 Uniforms worn by staff in clinical areas may become contaminated by a range of pathogens. Contamination can be reduced by the appropriate use of Personal Protective Equipment (PPE).
- 4.1.3 In addition, the way staff dress is an important influence on people's overall perceptions of the standards of care they experience. Uniforms should be clean at all times, free from odours including cigarette smoke and professional in appearance.

#### 4.2 Specific requirement for staff working in or visiting clinical areas:

Action	Rationale
<p>A freshly laundered top should be worn every day. Ensure that sleeves can be pushed up the arm and secured in place for hand washing and direct patient care activity.</p> <p>If a white coat is part of the agreed uniform this should be freshly laundered each day. White coats should not be worn for routine patient contact.</p>	<p>Cuffs at the wrist become heavily contaminated and are likely to come into contact with patients.</p> <p>Hand hygiene is paramount, and accidental contact of clothes or bracelets with patients is to be avoided.</p>
<p>Staff need to minimise direct contact between their clothing and equipment and their patient. Neck ties, other than bow ties, bleeps, vocera and stethoscopes, when not in use, should be avoided or rolled up/tucked, placed in pockets during patient contact. If head coverings are worn for religious purposes, these should be secured, laundered regularly (at least weekly) and be visibly clean. Individual risk assessments are to be undertaken by line managers where relevant, e.g. Theatres</p>	<p>Dangling ties and scarves are both a cross-infection risk and health and safety hazard (BMA 2006)</p> <p>Ties have been shown to be contaminated by pathogens and can accidentally come into contact with patients. They are rarely laundered and play no part in patient care.</p>
<p>Coats and bags/rucksacks etc should be stored away prior to commencing clinical duties.</p> <p>Personal mobile phones (i.e. not needed for business use) should not be kept on the person while in the clinical area.</p>	<p>These items cannot be laundered as required hence should not be worn during clinical duties.</p> <p>Phones should be kept secure and safe. Use of a personal mobile phone interferes with patient care.</p>
<p>Personal Protective Equipment may be required depending on the environment/task. Plastic aprons must be worn when assisting patients with toileting, bathing or any activity which may result in the dispersal of pathogens (like bed making) and/or procedures causing splashing of blood and bodily fluids. Care must be taken when removing PPE to avoid contaminating the uniform with contaminated PPE.</p>	<p>Risk assessment to be undertaken based upon the need for: patient safety, personal safety, statutory regulatory requirements, work environment, Health and Safety requirements and Infection Control requirements.</p>

Action	Rationale
<p>Dress should enable the staff member to undertake any patient moving and handling required without restricting movement or compromising dignity of staff or causing embarrassment to the patient.</p>	<p>The type, frequency and extent of moving and handling will affect the choice of dress and this should be considered in any risk assessment.</p>
<p>Footwear should be enclosed or have an enclosed toe and heel strap. Shoes should have low, wide heels and a soft non-slip sole. Refer to Appendix A of Dress Policy for all staff.</p> <p>Fabric shoes should not be worn.</p> <p>Trainers should be considered an exception. The need for trainers to be worn should be demonstrated by a risk assessment (see Appendix A of Dress Policy for all staff) as to why required and agreed with the Manager. If worn, trainers should be in neutral colours with discrete logos.</p>	<p>To minimise the risk of:</p> <ul style="list-style-type: none"> <li>• Slips, trips and falls</li> <li>• Injury during moving &amp; handling</li> <li>• Contamination by spillages</li> <li>• Cross-infection</li> <li>• Noise pollution for patients (particularly at night)</li> </ul>
<p>Hair should be tied back from the face in a style which does not allow hair to fall forward and which does not require frequent readjustment. Staff should look professional at all times and hair colour should be included within this and monitored on an individual basis. Should feedback from patients or staff show that the member of staff's hair colour is causing concern then it should be modified</p> <p>Beards should be clean, neat and tidy and should not interfere with ability to communicate.</p>	<p>Reduces Health and Safety and Infection Control risks. Potential for contamination of hands if pushing hair back from face. Staphylococcus aureus can be found around the hairline.</p> <p>Patients prefer to be treated by staff who have short or tidy hair, and are smartly presented.</p> <p>Aids effective communication.</p>
<p>Nails should be clean, short and varnish free. False, gel, porcelain and plastic nails are not permitted.</p>	<p>Cracked or chipped nail varnish provides a suitable medium for bacteria to become resident. False porcelain and plastic nails have the potential to hold pathogens. Long nails are also a scratch hazard. This is in accordance with Bare Below the Elbows (BBE) principles (Trust Hand Decontamination Policy).</p>

Action	Rationale
<p>Wristwatches, bracelets and fabric wristbands should not be worn by clinical staff, due to the requirement for frequent hand washing. Fob watches are acceptable.</p>	<p>The national 'EPIC' guidelines (EPIC 2) advise that '<b>Before a shift of clinical work begins</b>, all wrist and hand jewellery should be removed.'</p> <p>Jewellery and watches can harbour micro-organisms and make effective hand hygiene more difficult.</p> <p>This is in accordance with BBE principles.</p>
<p>No jewellery is the preferred option however a plain (i.e. no stones) metal ring and one pair of stud earrings is acceptable. Staff are reminded that there is a potential risk of harm to the individual when wearing earrings and metal bands on fingers.</p> <p>SOS jewellery, if requiring to be worn, should be able to be rolled up and secured for effective hand hygiene or necklace tucked in, when providing patient care.</p> <p>ID badges should be secured by a clip. Where there are valid reasons for wearing a lanyard, e.g. if it is part of a lone worker device, then an individual discussion should be held with the line manager and appropriate actions taken such as ensuring the ID badge is tucked securely away when giving direct patient care.</p> <p>In addition to ID badges, yellow name badges must be worn by all staff who have contact with patients and visitors. The badge should contain your full name and job role. It should be clearly visible, e.g. worn on the breast pocket area.</p>	<p>To ensure effective decontamination during hand-washing thus reducing spread of pathogens between patients. Higher numbers of organisms have been found on the hands of staff wearing rings and the presence of rings has been shown to decrease the effectiveness of hand washing (Salisbury 1997)</p> <p>To minimise the risk of injury to patient or staff member due to jewellery being entangled and to promote a professional image.</p> <p>Lanyards have been shown to become contaminated and can accidentally come into contact with patients.</p> <p>This in accordance with BBE principles.</p> <p>To reinforce effective communication and identification of staff and their job role.</p>
<p>Pens, scissors, where appropriate, or other hard or sharp objects, should not be carried in outside breast pockets during care activity.</p>	<p>They may cause injury or discomfort to patients during care activity. They should be carried inside clothing or in hip pockets.</p>

**N.B. Additional profession or area specific requirements are detailed in the appendices.**

**Specific dress requirements for Operating Theatre staff are detailed in the NLAG 'Infection Control Guidelines for Safe Practice in the Theatre Environment' (Dec 2006).**

## 5.0 Duties and Responsibilities of Managers

5.1 Duties are as set out in the 'Dress Policy for All Staff'. In areas where staff wear uniforms, managers are additionally required to:

- Provide sufficient uniforms for staff to comply with Infection Control guidance (i.e. clean uniform every shift, wash uniforms as separate load). The number required should be based on an assessment of the number of shifts worked per week.
- Assess the special needs of pregnant staff, with advice obtained from Occupational Health if necessary. Maternity uniforms will be provided as required
- Act upon reports of uniform shortages or laundry difficulties
- It is the line manager's responsibility to undertake an assessment of the job and provide a uniform if necessary. Advice can be sought from Health & Safety and Infection Control as required. They should also ensure all uniforms are returned to the Trust when staff leave or change roles, as unauthorised use may present a security hazard

5.2 Matrons, Ward and Department Sisters/Charge Nurses and Patch Team Leaders are responsible for ensuring implementation within their area and for ensuring all staff who wear uniform adhere to the principles at all times.

5.3 Consultant medical staff are responsible for ensuring their junior staff are aware of this guideline and adhere to the principles at all times.

5.4 There may be circumstances where the wearing of all or part of the uniform may cause difficulties to staff, such as extreme hot or cold weather. Changes to uniform may under such circumstances be allowed at a local level but only following a specific risk assessment (and discussion with the infection control team) by the senior manager, who has the discretion to permit such changes. These changes must maintain a professional appearance and respect the general principles outlined in the policy.

## 6.0 Laundering of Clinical Uniforms

6.1 All elements of the washing process contribute to the removal of micro-organisms on fabric. Detergent (washing powder or liquid) and agitation release any soiling from the clothes, which is then removed by sheer volume of water during rinsing. Temperature also plays a part. Hot air tumble drying or hot ironing will help further reduce any microbes present. Scientific observations and tests, literature reviews and expert opinion suggest that there is little effective difference between domestic and commercial laundering in terms of removing micro-organisms from uniforms and workwear.

**6.2** The hospital laundry system **must always** be used for uniforms in the following circumstances:

- If they have become contaminated with human excretions, secretions or blood
- Uniforms worn in Theatre, Pathology or Mortuary
- Special Procedures Department (within X-ray)

**6.3** Staff working in the following departments **must** change out of uniforms before leaving the department (This includes leaving the department for breaks etc.):

- Theatres
- Pathology
- Mortuary
- Special Procedures Department (within X-ray)
- Deep Clean Team (removal of disposable overalls)

**N.B.** There may be local additions to the list above.

**6.4** Apart from staff working in areas listed above, other staff are encouraged to change their uniform before going off duty. However if this is not possible, other staff are permitted to travel directly to and from work in their uniforms if the uniform is fully covered (i.e. by a long coat). Apart from direct travel to and from work, staff are not permitted to wear uniforms when not on duty or not acting in an official capacity representing the Trust. The wearing of Trust uniform in public places such as supermarkets is therefore not acceptable (unless on official trust business e.g. accompanying a patient). Staff who smoke should ensure their uniform is fully covered before they leave the site on smoking breaks.

**6.5** Staff working in the community should travel directly between locations. Uniforms should not be worn in any retail or recreational premises while not at work however a common sense approach must be employed where staff need to obtain food and refreshments for meal breaks.

- 6.6** The principles below are recommended best practices, some of which are evidence-based, the others serving the objectives of patient safety, public confidence and staff comfort:

<b>Good practice</b>	<b>Rationale</b>
Wash uniforms and clothing worn at work at the hottest temperature suitable for the fabric (Trust should take this into account before purchasing uniforms that can only be washed at low temperatures or are 'dry clean only').	A wash for 10 minutes at 60 degrees C removes almost all micro-organisms. Washing with detergent at lower temperatures – down to 30 degrees C eliminates MRSA and most other micro-organisms (UCLH)
Clean washing machines and tumble driers regularly, in accordance with manufacturer's instructions	Regular cleaning and maintenance will protect the machines washing efficiency. Dirty or underperforming machines can lead to contamination of clothing, although there is no published evidence that this presents an infection risk (UCLH)
Do not overload the washing machine	Overloading the machine will reduce wash efficiency
Wash uniforms separately.	Separate washing will eliminate any possible cross-contamination from high levels of soiling and enable the uniform to be washed at the highest recommended temperature
Once laundered, it is preferable to transport uniforms to and from work in a protective bag. If not, a long coat must be worn.	To protect uniform from contamination

## **7.0 Monitoring Compliance and Effectiveness**

- 7.1** Operational Groups and Directorates will monitor compliance on an ongoing basis against the standards outlined in this policy.
- 7.2** Matrons will monitor compliance within the nursing teams monthly and via the annual Ward Review process.

## **8.0 Associated Documents**

- 8.1** Dress Policy for All Staff.
- 8.2** RCN (2013) Guidance on uniforms and work-wear.

## 9.0 References

- 9.1 Ayliffe G, Collins B. (1989). Laundering of Nurses Dresses at Home. Journal of Hospital Infection, 13, pp91-94 cited in Northern Lincolnshire & Goole NHS Foundation Trust 'Uniform Guidelines' (Reviewed 23.3.02).
- 9.2 Babb Jr, Davies JG, Ayliffe GA (1983) Contamination of protective clothing and nurses uniforms in an isolation ward, Journal of hospital infection, 4, pp149-157.
- 9.3 British Medical Association (BMA) (2005) Medical School Charter. Council of Heads of medical schools and BMA Medical Students Committee. September 2005. BMA.
- 9.4 British Medical Association (BMA) (2006) Healthcare associated infections. [www.bma.org.uk](http://www.bma.org.uk)
- 9.5 Callaghan H. (1994). Infection Transmission: A Study of Bacterial Contamination of Nurses' Uniforms. National Board for Nursing, Midwifery, and Health visiting for Scotland Conference Report cited in Northern Lincolnshire & Goole NHS Foundation Trust 'Uniform Guidelines' (Reviewed 23.3.02).
- 9.6 Department of Health (1995) HSG (95) 18: Hospital Laundry arrangements for used and infected linen. DoH. London.
- 9.7 Department of Health (2003) Winning Ways. Working together to reduce healthcare associated infection in England. CMO.
- 9.8 Department of Health (2004) Standards for Better Health.
- 9.9 Department of Health (2005) Saving Lives. A delivery programme to reduce healthcare associated infection, including MRSA.
- 9.10 Department of Health (2007) epic 2: National Evidence-Based Guidelines for Preventing Healthcare Associated Infections in NHS hospitals in England. The Journal of Hospital Infection 65, 1, February 07, page S18.
- 9.11 Department of Health (2010) Uniforms and workwear: Guidance on uniform and workwear policies for NHS employers.
- 9.12 Health and Safety at Work Act 1974.
- 9.13 Health and Social Care Act 2008 Code of Practice.
- 9.14 Hedderwick, S. McNeil, S. Lyons, M. Kauffman, C, A. (2000) Pathogenic organisms associated with artificial fingernails worn by healthcare workers. Infection Control and Hospital Epidemiology. N21 V 8 p 505 – 509.
- 9.15 Lill M. M. & Wilkinson T. J. (2005) Judging a book by its cover: descriptive survey of patients' preferences for doctors' appearance and mode of address. British Medical Journal 2005; 331; 1524-1527 (24 December).
- 9.16 Management of Health and Safety at Work Regulations 1999.
- 9.17 Manual Handling Operations Regulations 1992.

- 9.18** NICE Clinical Guideline 2 (2003) Infection Control: Prevention of healthcare associated infection in primary and community care. [www.nice.org.uk](http://www.nice.org.uk)
- 9.19** Nursing & Midwifery Council (NMC) Code of professional conduct 2004
- 9.20** Northern Lincolnshire & Goole NHS Foundation Trust Infection Control 'Uniform Guidelines' (Reviewed 08.08.07).
- 9.21** Northern Lincolnshire & Goole NHS Foundation Trust (2013) Hand Decontamination Policy
- 9.22** Northern Lincolnshire & Goole NHS Foundation Trust (2005) Risk Assessment Tool Procedure. Directorate of Governance and Quality Improvement.
- 9.23** Northern Lincolnshire & Goole NHS Foundation Trust (2005) Personal Protective Equipment. Directorate of Governance and Quality Improvement.
- 9.24** Northern Lincolnshire & Goole NHS Foundation Trust (2010) Mobile Phone Policy. Directorate of Facilities.
- 9.25** Personal Protective Equipment Regulations (1992)
- 9.26** Perry C., Marshall R, Jones E (2001) Bacterial contamination of uniforms, Journal of Hospital Infection, 48, pp 238-241.
- 9.27** Pratt, RJ. Pellowe, C. Loveday, HP. Robinson, N. Smith, GW (2001) The epic project: Developing national evidence based guidelines for preventing healthcare associated infections. Phase 1: guidelines for preventing hospital acquired infections. Journal of Hospital Infection. V47 (supplement S3 – S4).
- 9.28** Race Relations Act (1976) and amendments 2000.
- 9.29** Royal College of Nursing (2005) Guidance on uniforms and clothing worn in the delivery of patient care. RCN Wipe it out. RCN Campaign on MRSA.
- 9.30** Salisbury DM, Hutfilz P, Treen LM, Solin GE, Gautam S (1997) The effects of rings on microbial load of health care workers' hands. American Journal of Infection Control, 25, pp 24-27.
- 9.31** Wilson, J. (2001) Infection Control in Clinical Practice. (2<sup>nd</sup> Edition) London. Bailliere Tindall.
- 9.32** Also utilised practical research on washing of uniform fabrics carried out at University College London Hospital (UCLH).

## 10.0 Definitions

- 10.1 **BBE** – Bare below the elbows.
- 10.2 **BMA** – British Medical Association.
- 10.3 **EPIC** – Evidence-based practice in infection control.
- 10.4 **HSDU** – Hospital Sterilisation and Disinfection Unit.
- 10.5 **MRSA** – Methicillin Resistant Staphylococcus Aureus.
- 10.6 **NMAF** – Nursing & Midwifery Advisory Forum.
- 10.7 **PPE** – Personal Protective Equipment.
- 10.8 **UCLH** – University College London Hospital.

## 11.0 Consultation

- 11.1 Nursing & Midwifery Advisory Forum.
- 11.2 Joint Negotiating Consultative Committee.

## 12.0 Equality Act (2010)

- 12.1 In accordance with the Equality Act (2010), the Trust will make reasonable adjustments to the workplace so that an employee with a disability, as covered under the Act, should not be at any substantial disadvantage. The Trust will endeavour to develop an environment within which individuals feel able to disclose any disability or condition which may have a long term and substantial effect on their ability to carry out their normal day to day activities.
- 12.2 The Trust will wherever practical make adjustments as deemed reasonable in light of an employee's specific circumstances and the Trust's available resources paying particular attention to the Disability Discrimination requirements and the Equality Act (2010).

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## Appendix A

### SPECIFIC REQUIREMENTS FOR NURSES AND MIDWIVES

This appendix details additional requirements for nursing and midwifery staff who wear a clinical uniform.

N.B. Nurses and Midwives who do not wear a clinical uniform are required to adhere to the principles detailed in sections 4.1.

Action	Rationale
<p>Agreed Trust Nursing / Midwifery Uniform to be worn, information as available on the Trust Intranet Nursing website.</p>	<p>Contributes to Trust's corporate image. May assist patients in recognising staff roles.</p>
<p>Belts and buckles may be worn. Two other professional badges may be worn on the collar</p> <p>It is the nurse's responsibility to ensure that there is no potential danger to the patient from buckles, badges, fob watches etc when moving patients.</p>	<p>Contributes to Trust's corporate image. May assist patients in recognising staff roles.</p> <p>General risk assessment to be undertaken by professional.</p>
<p>In addition to the footwear requirements detailed in 4.2:</p> <p>Footwear will usually be fully enclosed but a heel strap is acceptable where clogs are required to be worn, e.g. Theatres.</p> <p>The required colour for socks and shoes is plain black. Alternative colours of footwear are only acceptable when theatre clogs are worn.</p> <p>Trainers should be considered an exception. The need for trainers to be worn should be demonstrated by a risk assessment as to why required and agreed with the Manager.</p> <p>Trainers should be black and have no large logos.</p>	<p>To minimise the risk of:</p> <ul style="list-style-type: none"> <li>Slips, trips and falls</li> <li>Injury during moving &amp; handling</li> <li>Contamination by spillages</li> <li>Cross-infection</li> <li>Noise pollution for patients (particularly at night)</li> </ul> <p>Contributes to Nursing / Midwifery corporate image.</p>
<p>Tights/stockings or hold-ups in plain black or neutral colour (no pattern of any type) should be worn by female staff when wearing a dress except in extreme temperatures (at the discretion of the line manager).</p>	<p>Contributes to each professional's corporate image.</p>

<b>Action</b>	<b>Rationale</b>
Cardigans and sweatshirts are not part of the standard uniform however if staff choose to wear them they must fit the corporate image and must not be worn in the clinical areas. Colour to be specified for each individual profession.	Cardigans and sweatshirts are not acceptable in clinical areas as wool/fleece harbours more organisms and length of sleeves hinders effective hand washing.  This is also in accordance with BBE principles.
The introduction of new uniforms must be via the Matrons Forum and authorised by the Nursing and Midwifery Advisory Forum (NMAF),	To ensure consistent and corporate approach to nursing & midwifery uniforms. To ensure new uniforms comply with this policy in terms of Health & Safety, Infection Control and laundry requirements.

## Appendix B

### SPECIFIC REQUIREMENTS FOR ALLIED HEALTH PROFESSIONALS

This appendix details **additional** requirements for Allied Health Professionals who wear a clinical uniform.

N.B. Allied Health Professionals who do not wear a clinical uniform are required to adhere to the principles detailed in sections 4.1.

Action	Rationale
Agreed Trust Uniform to be worn as agreed for each particular profession.	Contributes to Trust's corporate image. May assist patients in recognising staff roles.
Belts and buckles may be worn. Two other professional badges may be worn on the collar.  It is the AHP's responsibility to ensure that there is no potential danger to the patient from buckles, badges, fob watches etc when moving patients.	Contributes to Trust's corporate image. May assist patients in recognising staff roles.  General risk assessment to be undertaken by professional.
In addition to the footwear requirements previously detailed :  Footwear must be enclosed  The required colour to be specified for each individual profession  The wearing of Trainers to be specified within each particular profession whether acceptable for that profession and for that individual area of work dependent on risk assessment.	To minimise the risk of:  Slips, trips and falls  Injury during moving & handling  Contamination by spillages  Cross-infection  Noise pollution for patients (particularly at night)  Contributes to each professions corporate image.
Tights/stockings or hold-ups in plain, black or neutral colour (no pattern of any type) should be worn by female staff when wearing a dress except in extreme temperatures. Socks should be plain black.	Contributes to each professional's corporate image.
Cardigans and sweatshirts must not be worn in the clinical areas. Colour to be specified for each individual profession.	Cardigans and sweatshirts are not acceptable in clinical areas as wool/fleece harbours more organisms and length of sleeves hinders effective hand washing.
The introduction of new AHP uniforms must be authorised by the Branch of Clinical Sciences' Clinical Governance Group and NMAF.	To ensure consistent and corporate approach to AHP uniforms. To ensure new uniforms comply with this policy in terms of Health & Safety, Infection Control and laundry requirements.