Dress Code & Uniform Policy
Version 2.0

Policy Statement:
This Policy sets out the Trust’s requirements in relation to the minimum standards of dress for all staff.

Key Points:
- All members of staff are responsible for complying with this policy
- All line managers are responsible for enforcing this policy for their staff
- All staff, who will be having direct contact with patients must be ‘bare below the elbow’
- All staff, if provided with uniform or equipment for their role must wear this as per policy

Key Changes:
This policy is now combined, incorporating Dress Code and Uniform Policies

Paper Copies of This Document
- If you are reading a printed copy of this document you should check the Trust’s Policy website (http://sharepoint/policies) to ensure that you are using the most current version.

Approval Date 6th November 2013
Approved by: Sam Foster Chief Nurse
Review Date: 31st October 2015
Accountable Directorate: Nursing
Corresponding Authors: Maria Mackenzie & Sam Foster
Meta Data

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<tr>
<td>Document Author:</td>
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Dress Code & Uniform Policy
Version 2.0

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Executive Summary

Heart of England Foundation Trust considers the way employees dress and their appearance is of significant importance in portraying a professional image and promoting confidence in patients, visitors, clients and colleagues. All staff represents the organisation and are visible in some capacity to colleagues, patients and the public.

The Trust recognises the diversity of cultures, religions, abilities and beliefs of its employees, and takes a sensitive approach to ensuring that appropriate consultation with stakeholders has taken place. Priority will be given to health and safety, security, infection control and meeting legislation.

The Dress Code and Uniform Policy is designed to guide managers and employees on the Trust standards of dress and appearance. The Policy is not exhaustive in defining acceptable and unacceptable standards of dress and appearance and staff should use common sense in adhering to the principles underpinning the Policy. A sensible approach should be taken to ensure the spirit of the code is applied; however standards must be fair and consistent.

While general standards of dress can be applied to all members of staff, this policy differentiates between staff that are, and are not, required to wear a uniform.

It is acknowledged however, that many non uniform wearing staff may visit clinical areas, and may also have direct patient contact. Due to the nature of the organisation, staff may be regularly travelling between sites, and some staff will work between the Trust and the community setting.

1. Circulation

This policy applies to all staff working for or on behalf of Heart of England NHS Foundation Trust including permanent, temporary, ‘bank’ and student staff.

2. Scope

This policy includes the required standards of dress for staff in clinical and non-clinical areas of the Trust who may or may not be required to wear a uniform or workwear in carrying out their duties. Minimum standards are summarised under the following headings:

- Identity Badges
- Hair
- Nails
- Tattoos
- Make-up
- Jewellery
- Footwear
- Clothing

3. Exclusions

Contract staff are not included in this policy, but instead are subject to the Management of Contactors Policy 2007.
4. **Definitions**

For the purpose of this policy, the following definition applies:

- **Clinical Area** – Any place where patients are receiving clinical attention, e.g. wards, clinics, therapies, medical imaging, phlebotomy and satellite units.

5. **Rationale for Development**

It is important as a ‘Provider and Employer of Choice’ that the Trust has an agreed standard of dress that actively contributes to the public image and gives confidence to those that use the services that are offered, and that Patients, visitors and other staff are able to distinguish between different professional groups and the seniority of roles.

It is recognised that a Dress Code and Uniform Policy that addresses the minimum standards for all staff groups is required and that the Trust ensures that standards of dress support patient safety and safe work practices for employees, and meet all relevant legislation.

6. **Aims and Objectives**

- To provide staff with clear guidance on what is, and is not, acceptable in the standards and items of dress that they wear whilst at work.
- To provide managers with clear guidance on standards to ensure compliance is maintained against the policy
- To promote and protect the Health and Safety of HEFT staff, patients and visitors
- To ensure legislation is met.
- To protect the professional reputation of the Trust and promote user confidence

7. **Standards of Dress (All HEFT Staff)**

A ‘bare below the elbows’ policy applies when visiting clinical areas or where patient contact is involved (e.g. wards and outpatients), all staff should dress and wear clothing that makes hand hygiene both easy effective. Wristwatches and all below the elbow jewellery must be removed when attending to patients, a wedding/plain band ring (without stones) is permitted.

7.1 **Identity Badges & Other Badges**

The official Trust ID name badge identifying the staff member and their designation must be worn where it is clearly visible at all times. ID badges on any type of lanyards should not be worn in any clinical area or when direct patient contact is involved. Badges should be worn on supplied clips.

Apart from Trust ID badges, staff may wear a maximum of two professional badges or approved national campaign badges e.g. Infection Control, for the duration of the campaign.

7.2 **Hair**

Extreme hairstyles or colours will not be permitted, where they detract from the individual’s role and function. Hair should be neat and tidy at all times and arranged off the face and collar if past shoulder level in clinical area hair must be tied back.
Beards should be short and neatly trimmed or secured when patient contact is involved.

7.3 Nails

Clinical Staff are not permitted to wear nail varnish, false nails or nail extensions/tips. Nails should be sufficiently short to ensure safe patient contact and comply with infection control practices.

7.4 Tattoos

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

7.5 Make-Up

Must be discreet.

7.6 Jewellery & Piercings

Jewellery must be kept to a minimum. Clinical staff are permitted to wear one plain band (without stones) one pair of small stud earrings. Fob watches worn with uniforms must be functional and not adorned with gems which may present a risk of coming detached.

Facial jewellery is not permitted.

A ‘bare below the elbows’ policy applies when visiting clinical areas or where patient contact is involved (e.g. wards and outpatients), all staff should dress and wear clothing that makes hand hygiene both easy effective. Wristwatches and all below the elbow jewellery must be removed when attending to patients; a wedding/plain band ring (without stones) is permitted. Security of jewellery that the employee has been asked to remove remains the responsibility of the wearer. The Trust is not liable for any loss.

7.7 Footwear

Footwear must be safe, sensible, and stable, in good order, be smart and clean and have regard to Health and Safety considerations. Flip flops, ‘Crocs’ are not considered to be suitable footwear, even purely office based staff may be required to safely manually handle loads.

Certain jobs require staff to wear protective footwear. These staff must wear the correct footwear whilst undertaking their work, and if staff are uncertain, must check with their line manager. All considerations are at the managers’ discretion in line with the appropriate guidance.

Nursing and Midwifery staff must wear black, low heeled shoes with a non-slip sole, made of wipeable material with a closed toe and heel. Only plain dark socks (navy or black) may be worn with trousers, plain tights only will be worn with dresses and will be either flesh coloured or black.

Anti Static clogs may be worn in designated areas, when wearing scrub suits, and must be worn with a heel strap. Footwear must be appropriate for the environment [Management and Prevention of Slips, Trips and Falls 2008]

7.8 Ties

Ties are not advised to be worn in any clinical area, and must be removed in activities involving patient contact; as they perform no beneficial function in patient care and have been shown to be colonised by pathogens.
7.9 Veils

Staff who wear a veil for religious reasons are required to remove these while on duty. This is to ensure that the member of staff is identifiable, and to enhance engagement and communication with patients, visitors and colleagues. A scarf [Hijab] or turban may be worn for cultural or medical reasons only [white or black] ensuring it is well secured [to prevent need for frequent adjustment]. These, like the uniforms, must be changed daily and laundered.

7.10 Uniform Laundering

Uniforms need to be washed at the hottest temperature suitable for the fabric. A ten-minute wash at 60 degrees Celsius will remove most micro-organisms and detergent will remove most organisms if washing at a lower temperature. MRSA is completely removed from fabric washed at 30 degrees Celsius. Whereby individual staff members have an allergy/hypersensitivity to uniform materials, this will need to be confirmed by occupational health in writing to the individual’s line manager.

7.11 Aprons & Gloves

Aprons and gloves must be worn when it can be reasonably anticipated that staff clothing may come into contact with blood or body fluids, or skin scales e.g. bed making or patient handling. This applies in all areas including ITU, HDU and isolation areas.

7.12 Smoking

Staff are expected to comply fully with the Trust’s Smoke Free Policy. On no account should staff in uniform be observed smoking when off the premises, and when on the Trust premises the designated smoking areas must be used.

7.13 Unacceptable Dress

Staff who are non uniform wearers, are required to dress in a manner appropriate to the business of the organisation and the role for which they are employed. The following items of clothing are examples of those deemed unacceptable:

Unacceptable for either gender, gym clothes, rumpled or ripped clothing, (micro) miniskirts, underwear as outerwear, and inappropriately revealing attire such as bare midriffs.

7.14 Medical Staff

The Trust provides a uniform for medical staff (green scrubs), and although it is strongly recommended that medical staff wear the uniform, it is not compulsory.

Medical staff are expected to look professional at all times.

7.15 Allied Health Professionals – Additional Standards of Dress for Staff

Some allied health professionals will be issued with agreed national uniform which they are expected to wear whilst on duty, as it is supplied. This may include a complementary cardigan to wear when travelling between departments.
Radiology, Occupational Therapists, Physiotherapists & Pharmacy Technicians will be issued with appropriate sets of uniforms, with a choice of tunic/trousers, polo shirts or dresses, or a combination. Due to the nature of therapy, O.T. and Physiotherapists may wear wipeable training shoes that are smart, clean and plain white or black only.

7.16 Other Health & Professional Groups

Pharmacists, Clinical Scientists, Medical Physics and Laboratory staff are expected to comply with this policy and also comply with regulatory and good practice requirements that reflect the individual work environment and materials that are handled.

7.17 Nursing & Midwifery – Additional Standards of Dress for Staff Who Wear Uniform

Nursing and midwifery staff can either wear dresses with corresponding petersham belts (optional) or tunics and trousers, maternity uniform will be provided. Designated departments, (e.g. Emergency, Critical Care, Endoscopy and Neonatal Unit) will wear scrub style tunic and trousers. Cardigans must not be worn when attending to patients. Smart plain black or navy blue cardigans can be worn when travelling between departments and wards. Vests, T shirts must not be visible under uniforms. Uniforms must be changed daily/for each shift and enough supplied at commencement of employment to allow for this. Uniforms should not be worn at outside events unless permission granted by the Chief Nurse. Providing the uniform is fully covered, it may be worn for the specific purpose of travelling to and from work. On no account should staff wear uniforms in shops, restaurants or any other public place. Only Registered Nurses/ Midwives, Healthcare Assistant or Maternity support Workers are permitted to wear the agreed nursing or midwifery uniforms identified below. All nursing and midwifery staff in uniform must adhere to the uniform policy irrespective if they have patient contact.
Agreed Nursing & Midwifery Uniform Table

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<td>Band 5</td>
<td>Hospital Blue and White Trimming and Black Trousers</td>
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<td>Sister</td>
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<td>Midwife</td>
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Ward staff must not serve food to patients or undertake beverage preparation, washing up or ward kitchen cleaning tasks, wearing the same outer clothing used for nursing or cleaning up duties. Clean aprons, tabards [disposable], must be provided and worn.

### 7.18 Theatre Staff – Additional Standards of Dress for Staff

No admittance will be allowed beyond the red boundary line unless the individual is dressed in appropriate theatre attire [theatre scrubs and footwear]. Any persons will be challenged if they enter beyond the red restricted area regardless of status, if not dressed in appropriate theatre attire.

Theatre staff should wear well-fitted dedicated operating approved theatre footwear that includes an ankle strap [Theatre Access Policy 2008]. This must be cleaned/decontaminated on a regular basis, particularly when visibly dirty or when contaminated with blood or body fluids. Theatre management should ensure that local mechanisms are in place for these procedures to take place.

Theatre staff in scrubs should not visit areas outside the theatre complex except in an emergency in which case they must change into a clean pair of scrubs on returning to theatre.

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View/Print Date: 06 November 2013
Staff wearing theatre scrubs moving directly between theatres and clinical areas [wards] to see patients or to transport patients to and from theatres must remove their hats and masks. They do not need to wear a gown or white coat, if they choose to do so these must be fastened and sleeves rolled up, [Theatre Access Policy 2008] and they must change into a clean pair of scrubs on returning to theatre.

Staff that are required to collect and deliver items from areas such as pharmacy are permitted to wear scrubs but must remove their hats and masks and wear a fastened gown or white coat.

Scrubs and or clogs may only be worn in designated areas:

- Theatres, including Endoscopy Suites
- ITU/ HDU
- Labour Ward
- Neonatal Unit
- Interventional Suites

Scrubs and clogs that are worn must be clean at the beginning of every shift and changed each time they become stained with blood or body fluids. They should also be changed or cleaned (for clogs) if worn elsewhere within the Trust on return to the designated area.

7.19 Estates & Facilities Staff

Some staff within this directorate have specific clothing requirements based upon the need for:

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

All Domestic, Laundry, Portering and Driving Staff must wear their issued uniform at all times whilst on duty.

7.20 Catering Staff & Ward Food-Handlers

All Catering staff involved in the preparation and service of food must wear the appropriate uniform, headwear and, where required, protective shoes.

Staff working in a kitchen environment must ensure that their hair is kept covered at all times, and beards must be covered with an appropriate facial mask when preparing food. All catering staff must adhere to the following dress code as agreed in the Food Hygiene Policy 2009.

All catering staff are to be issued with a clean uniform on each day of duty, or more frequently if necessary. Staff protective clothing must be laundered either by the Trust laundry or where exceptionally agreed by staff at home. Catering Staff must not wear jewellery or false nails in food preparation and service areas except a plain ring. Clip on and pierced earrings are prohibited and facial piercing is not permitted. Nail varnish, strong perfume or aftershave must not be worn.

7.21 Volunteers – Standards of Dress

All volunteers must have a Trust identification badge, a uniform is provided for some volunteers either a polo shirt or tabard with the Trust Volunteer Logo on.
7.22 Personal Protective Clothing

A number of clinical and non-clinical staff groups are required to wear protective clothing as part of their individual role. The principles are based upon the need for:

- Patient safety
- Personal safety
- Statutory regulatory requirements
- Work environment
- Health and safety requirements
- Infection control requirements

Each manager must ensure that personal protective clothing and equipment is available to the employee in accordance with COSHH regulations and local/statutory recommendations. Staff in roles that require protective clothing are required to wear this whilst carrying out their duties in accordance with health and safety requirements. If individuals are unsure about such requirements they should discuss this with their manager.

The Trust’s Personal Protective Equipment Regulations at Work Policy should be consulted if more information is required.

8. Responsibilities

8.1 Individual Responsibilities

Chief Executive

The Chief Executive retains overall responsibility for the implementation, monitoring and renewal of this policy. This responsibility can be delegated.

Executive Directors

All Executive Directors are responsible for the implementation of this policy within their areas.

Line Managers

All line managers are responsible for both the monitoring of this policy and ensuring all new employees are aware of this policy on induction. If members of staff are required to wear uniform, line managers are responsible for ensuring all employees are issued with the appropriate uniform/personal protective equipment on appointment to their post. When an employee requires replacement uniforms due to damage, or wear and tear the line manager must ensure the uniform is replaced promptly. Line managers should report to heads of departments where there are issues over funding for agreed uniform or equipment. Managers should also ensure lockers are available for those staff that are required to keep a spare clean change of clothes at work during a shift. Managers should ensure staff have enough sets of uniform to wear clean items on each shift.

Although this policy is not exhaustive managers are expected to apply a common sense approach to advising staff who are non-uniform wearers.
Individual Staff Responsibilities

All staff are responsible to ensure they comply with this policy, and where uniform/equipment has been issued, that it is worn as stated within this policy. When uniforms become worn, damaged or need replacing, the individual should bring this to the attention of their line manager. Any items of uniform or equipment remain the property of the Trust and should be returned upon termination of employment.

Other Staff / Patients / Contractors


Human Resources Team

The Human Resources Team will ensure support is available to individuals and managers to resolve concerns over compliance with this policy, and will consult with the Equality and Diversity team where appropriate.

9. Training Requirements

The implementation of this policy, will be facilitated through the local induction arrangements of all areas of the Trust. HEFT Equality and Diversity Training Human Rights and (Equality Impact Assessment) is recommended for managers.

10. Monitoring and Compliance

Responsibility for ensuring all staff are aware of and remain compliant with this policy sits with the line managers within each of the Clinical and Corporate Groups.

Monitoring and compliance of nursing and midwifery adherence to policy is conducted monthly via the Nursing and Midwifery Care Indicators.

A continuing breach of this Dress Code and Uniform Policy and the standards explicitly described within it, will lead to more formal action through the Trust’s Disciplinary Procedure.

11. Attachments

Attachment 1: Equality & Diversity – Policy Screening Checklist
### Policy Title:
Corporate Uniform and Dress Code Policy

### Directorate: Corporate

### Name of person/s auditing/developing/authoring a policy/service:
Sam Foster/Ian Cunliffe/Helen Barlow

### Aims/Objectives of policy/service:
- To provide staff with clear guidance on what is, and is not, acceptable in the standards and items of dress that they wear whilst at work.
- To provide managers with clear guidance on standards to ensure compliance is maintained against the policy.
- To promote and protect the Health and Safety of HEFT staff, patients and visitors.
- To ensure legislation is met.
- To protect the professional reputation of the Trust and promote user confidence.

### Policy Content:
- For each of the following check the policy/service is sensitive to people of different age, ethnicity, gender, disability, religion or belief, and sexual orientation?
- The checklists below will help you to see any strengths and/or highlight improvements required to ensure that the policy/service is compliant with equality legislation.

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<td><strong>Question:</strong> Does your policy/service contain any statements/functions which may exclude people from using the services who otherwise meet the criteria under the grounds of:</td>
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<td><strong>Response</strong></td>
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<td>1.1 Age?</td>
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<td>1.2 Gender (Male, Female and Transsexual)?</td>
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<td>1.3 Disability?</td>
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<td>1.4 Race or Ethnicity?</td>
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<td>1.5 Religious, Spiritual belief (including other belief)?</td>
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<td>1.6 Sexual Orientation?</td>
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<td>1.7 Human Rights: Freedom of Information/Data Protection</td>
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If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

<table>
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<tr>
<th>2. Check for INDIRECT discrimination against any group of SERVICE USERS: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question:</strong> Does your policy/service contain any statements/functions which may exclude employees from operating under the grounds of:</td>
</tr>
<tr>
<td><strong>Response</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>2.1 Age?</td>
</tr>
</tbody>
</table>

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View/Print Date: 06 November 2013
2.2 Gender (Male, Female and Transsexual)?
2.3 Disability?
2.4 Race or Ethnicity?
2.5 Religious, Spiritual belief (including other belief)?
2.6 Sexual Orientation?
2.7 Human Rights: Freedom of Information/Data Protection

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

TOTAL NUMBER OF ITEMS ANSWERED ‘YES’ INDICATING DIRECT DISCRIMINATION =

3. Check for DIRECT discrimination against any group relating to EMPLOYEES:

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Action required</th>
<th>Resource implication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your policy/service contain any conditions or requirements which are</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>applied equally to everyone, but disadvantage particular persons' because</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>they cannot comply due to:</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>3.1 Age?</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>3.2 Gender (Male, Female and Transsexual)?</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>3.3 Disability?</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>3.4 Race or Ethnicity?</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>3.5 Religious, Spiritual belief (including other belief)?</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>3.6 Sexual Orientation?</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>3.7 Human Rights: Freedom of Information/Data Protection</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

4. Check for INDIRECT discrimination against any group relating to EMPLOYEES:

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Action required</th>
<th>Resource implication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your policy/service contain any statements which may exclude employees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>from operating the under the grounds of:</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4.1 Age?</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>4.2 Gender (Male, Female and Transsexual)?</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>4.3 Disability?</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>4.4 Race or Ethnicity?</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>4.5 Religious, Spiritual belief (including other belief)?</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>4.6 Sexual Orientation?</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>4.7 Human Rights: Freedom of Information/Data Protection</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

TOTAL NUMBER OF ITEMS ANSWERED ‘YES’ INDICATING INDIRECT DISCRIMINATION =

Signatures of authors / auditors: Date of signing:

**Directorate:** Corporate Nursing

**Policy:** Dress Code and Uniform Policy

**Responsible Manager:**

**Name of Person Developing the Action Plan:** Sam Foster

**Consultation Group(s):** Staff Side, Public advisory groups

**Review Date:** 201

<table>
<thead>
<tr>
<th>Action:</th>
<th>Lead:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Religion and Belief:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The organisation acknowledges that there is a religious requirement for staff from particular religious groups to wear clothing such as long sleeved garments, head and facial coverings. There are also customs for individuals to wear wristbands, bangles, and other forms of jewellery and artefacts. Within this policy the Trust has stipulated that the wearing of any of the above, within the clinical area is prohibited. This decision has been taken in line with the Trust infection control, risk management, and Health and Safety policy documents. In addition this decision has been taken with consultation with stakeholder groups which involves; staff side, service user advisory groups, Equality and Diversity Department, Equality and Diversity Champions, Trust diversity staff network</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Action for staff:</strong> Equality and Diversity Training and Cultural and Religious awareness training available upon request.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Human Rights:** |       |            |
| The organisation acknowledges that its staff have individual human rights, however, the rights of our patients wellbeing, care and safety has a higher priority, in order to minimise or eliminate risks. Staff who are not working in direct patient contact should seek discretionary advise from their line manager, see section |
| **Action for staff:** Human Rights Training available for all trust staff upon request |

When completed please return this action plan to the Trust Equality and Diversity Lead; Pamela Chandler or Jane Turvey. The plan will form part of the quarterly Governance Performance Reviews.

Signed by Responsible Manager: ___________________________ Date: ___________________________