



WORKWEAR POLICY

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|--|--|-----------------|
| POLICY NUMBER & CATEGORY | HR31 | Human Resources |
| VERSION NO & DATE | 4 | September 2020 |
| RATIFYING COMMITTEE | OMT | |
| DATE RATIFIED | October 2020 | |
| ANTICIPATED REVIEW DATE: | October 2023 | |
| EXECUTIVE DIRECTOR | Director of Operations | |
| POLICY LEAD | HR Consultant | |
| Exec Sign off Signature (electronic) |  | |
| Disclosable under Freedom of Information Act 2000 | Yes | |

POLICY CONTEXT

- Employees must conform to the workwear policy and an acceptable standard of appearance is expected whilst in the workplace. The policy also extends to cover staff that work on non-Trust premises

POLICY REQUIREMENT (see Section 2)

- The aim of this policy is to ensure that all staff working directly and indirectly employed by the Trust project a professional image and provides some basic guidelines with regard to health and safety, infection control and security as well as promoting good practice

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INTRODUCTION

1.1 Rationale (Why)

This policy applies to all staff (including volunteers and those on work experience who work for the Trust via a Service Level Agreement [SLA] working at Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) who enter clinical and non-clinical areas. The Trust recognises the importance of appearance in creating a positive and professional image which fosters the confidence of clients, service users and their carers - and visitors to the Trust.

As an employer, the Trust is entitled to expect high standards of personal appearance from its employees who are expected to be neat and tidy in appearance and to observe proper standards of modesty.

1.2 Scope (Where, When, Who)

The policy standards apply to all staff contracted to the Trust as listed under point 1.1. Each member of staff has a responsibility to be aware of the impact their appearance has at work, personally and professionally. This includes staff who are contracted to work for the Trust via a Service Level Agreement [SLA] and staff that work on non-Trust premises.

This policy has been developed with key stakeholders.

1.3 Principles (Beliefs)

This policy will be applied fairly and consistently to all staff employed by the Trust. The Trust recognises that it has a diverse workforce and will take a sensitive approach to workwear and uniform requirements. However, priority will be given to Health and Safety of staff and patients (including infection control and security). When needed, a local risk assessment will take place where staff deviate from the policy in relation to workwear and in-particular to any health and safety concern. Until a local risk assessment has taken place the 'status quo' will always apply. The Trust positively supports individuals with learning disabilities and ensures that no-one is prevented from accessing the full range of mental health services available. Staff will work collaboratively with colleagues from learning disabilities services and other organisations, in order to ensure that service users and carers have a positive episode of care whilst in our services. Information is shared appropriately in order to support this.

2 POLICY (What)

- 2.1** This policy addresses some of the more frequent issues in relation to the standards of workwear and the wearing of uniforms, but it is not possible to detail every eventuality. Therefore, managers will apply the guidance in this policy in deciding whether the workwear of their employees is appropriate as guided by the principles in the policy.
- 2.2** Staff who are asked to revise their dress or appearance on reasonable grounds are expected to comply with any reasonable management instruction. Staff that refuse to do so may be subject to proportionate disciplinary action under the Disciplinary Policy

- 2.3** Where disparity between what is considered appropriate dress or appearance occurs and cannot be resolved locally, managers should seek further advice from the HR department in relation to application of the policy.

Consideration of appropriateness of dress should include:

- Health and Safety issues
- Infection control issues
- Security issues
- Professional presentation
- Religious beliefs (see appendix 2)

3 PROCEDURE

3.1 General Guidance

The Trust expects that all members of staff will project a professional image at all times and workwear should be clean, appropriate, fit for purpose and commensurate with the type of work for which an individual is employed.

The workwear policy does not permit clothing bearing inappropriate slogans or logos likely to offend.

3.2 Staff Identification

A Trust issued ID badge **must** be produced on request to identify themselves as a Trust employee. Staff that work in clinical settings must clearly state their name, role and whether they are a registered practitioner when introducing themselves.

For staff wearing a lanyard to display a name badge, it must be a lanyard with a quick release system. These should not be worn in Secure Care or Clinical areas.

3.3 Personal Appearance

3.3.1 Hair

- For health and safety and infection control reasons;
- Hair should be clean and tidy. Long hair should be tied back if delivering patient care or where staff are employed in a catering environment if appropriate.
- Beards and moustaches must be kept neat and clean.

3.3.2 Nails

Staff who work in clinical areas or in direct contact with service users must keep their nails short. Where providing physical contact with patients nail varnish and acrylic should not be worn.

3.3.3 Body Art

Where there are visible tattoos or piercings these should not cause offense to others. Body art needs to be sensitive towards other people's perceptions and/or feelings and, if appropriate, should be covered.

3.3.4 Jewellery and watches

- When delivering patient care arms must be bare below the elbows with the exception of a plain wedding ring.
- Wristwatches, stoned rings and metallic bracelets can be worn but should be removed if entering a clinical area and allow compliance in line with the Trust's Infection Control Policies.
- Small discreet facial piercings are permitted but these must consist of a small plain hoop or stud and should not be excessive. Staff working in clinical areas should not wear large earrings as they pose a risk if pulled.
- Chains or necklaces should not be worn when delivering direct physical care as they can be used to grab an individual in a violent situation.
- Catering staff are not permitted to wear any form of visible jewellery, with the exception of a plain wedding ring.
- Religious symbols may be worn provided these do not contravene other aspects of this or any other policy; these should be discrete and worn with consideration to their impact on those of other faiths or none. Please note that where these are worn on a necklace, this must be removed when delivering direct care. For matters relating to Articles of Faith (items worn by full members of a faith or belief community as part of their religious obligations), please see appendix 2.

3.5 Footwear

Practical footwear should be worn as appropriate for the role and environment. Staff working in clinical areas should wear shoes that enclose the heel and toe, with a low heel height. The fabric of the shoe should be robust enough to prevent penetration of a foreign object. Steel toe cap footwear is not permitted in any front line or clinical working environment.

The wearing of a "croc" or flip flop style shoe is prohibited for all staff working in the Trust. The sole exception applies for specific medical conditions and as prescribed by a medical practitioner - worn on a temporary basis.

If footwear is provided by the Trust it must be worn whilst on duty.

3.6 Uniforms

Uniform is provided by the Trust as protective clothing for use on duty and remains the property of the Trust at all times.

All staff must maintain a professional image at all times. To achieve this aim uniforms should be of an appropriate fit, well maintained, clean, and not damaged. Tunics should be worn with black uniform or black tailored trousers.

Any alternations that need to be made to the uniform must be in keeping with the overall professional aim and generally must not alter the look of the uniform.

If employees have been provided with a uniform or Personal Protective Equipment (PPE) including face masks - this must be worn while on duty.

3.7 General Principles

- Avoidance of revealing clothing
 - Uniform sleeves must be short (above the elbow)
 - Cardigans or fleeces, where worn must be in accordance with the sphere of your work and must be removed or have sufficient give in the material to be rolled back to above the elbow when entering a ward environment or in direct contact with a service user.
 - Uniforms must be clean and laundered in accordance with the Trust's Infection Control policies and guidelines.
 - Clinical staff wearing a dress uniform may consider wearing tights in order to ensure appropriate coverage when undertaking clinical duties including restraint procedures.
- 3.8.** Where specific uniforms are in place - staff escorting patients/service users outside of Trust premises, must demonstrate compliance with the Workwear Policy.
- 3.9** If a member of staff's personal clothing or workwear is damaged whilst carrying out work related duties, they may submit a claim via the appropriate expenses claim process.
- 3.10** The centralised uniform process is a means of standardising uniforms for clinical staff in order to provide a consistent brand image. This will enable services users, carers and the public visiting trust in-patient areas to easily identify staff both within the Trust and other NHS Trusts' within the Birmingham and Solihull STP footprint.
- 3.11** The Uniforms for clinical staff will be procured and supplied centrally in order to
- Monitor supply of uniforms
 - Ensure standardisation of Uniforms for staff groups across the Trust
 - Manage and sustain centralised uniform budget
 - Monitor and audit stock
 - Reduce cost by managing ordering proficiently
- 3.12** The uniform will consist of tunics and trousers or dress, embroidered NHS logo. The uniforms are colour coded to reflect professional group and seniority.
- 3.13** The uniform provision will **only** apply to in-patient staff. (MHSOP, Prison and AWA). Ward Clerks and Reception Staff are not funded through the centralised uniform budget, and are therefore excluded from the centralised uniform process.
- 3.14** Each full time member of staff will be allocated 3 sets of uniform each. The clinical staff who work part-time will be allocated less sets according to the number of hours worked per week.

Ordering process

- 3.15** Ordering process flowchart (see appendix 7)
- 3.16** Only uniform styles and colours included in this document will be available for order (see appendix 3).
- 3.17** No one should order directly from the supplier except for centralised uniform team. Operational managers will be expected to channel request through this team.
- 3.18** Extraordinary uniform requests that are not within scope of the Centralised uniform process, will be managed by the Centralised uniform team. Orders for uniforms from the recommended supplier in these cases will incur a small fee.(see appendix 5)

3.19 The Centralised uniform team will make decisions about supplying uniforms to staff based on Centralised uniform Operational guidelines. Any disputes will be escalated to the Deputy Director of Nursing for review.

3.20 Replacement order forms (See appendix 4) will be available from the Centralised Uniform team managers

Made to Measure Uniform

Please complete the process shown as above **NB** these items can take up to **12 weeks** to be delivered.

Distribution process

3.21 Staff will receive their full complement of uniform at Corporate Induction.

- Substantive staff entitlements = 3 Tunics and 1 pair of trousers
- Temporary Staffing Solutions (TSS)= 1 Tunic and 1 pair of trousers

3.22 **Replacement uniforms** This will not require a manager's sign off, so staff can contact the centralised uniform team when replacement uniforms are needed. (See appendix 4)

3.23 Replacements will be made available if a uniform has been damaged beyond repair or has become worn beyond the normal life cycle of the garments.

3.24 The replacement of uniforms due to wear and tear will be managed by the Centralised Uniform team and their decisions on whether to replace the uniform or not, will be binding.

3.25 Replacement uniforms will **only** be supplied on return of old uniform. Retire and returnees should also hand in old uniforms if they are returning to a different role within the Trust.

3.26 The centralised Uniform team will hold Uniform collection days at sites around the Trust, where staff can arrange to collect uniforms and return old uniforms.

Disposal of uniforms

3.27 Uniforms that are not fit for purpose will have logo removed and material recycled. Uniforms that are in a good state of repair will be professionally laundered and distributed.

Data capture

3.28 The date of distribution of the full entitlement and replacement uniforms will be collated centrally.

3.29 Please note that minimal personal data (dress size and date of birth) will be required and saved in order to monitor the centralised uniform process.

TSS

3.30 Temporary staffing team will liaise directly with the centralised uniform to order uniforms and will make local arrangements for TSS staff to collect uniforms.

Exemptions

3.31 Dresses are not stocked but available to order as an extraordinary request, which **MUST** be agreed by the Ward Manager.

3.32 Extraordinary items - Fleece/polo shirts and shirts etc. if ordered will be at the team manager's discretion and would be subject to an internal recharge. (see appendix 5)
NB Orders for work wear that fall outside colour codes used to depict professional groups and seniority will not be permitted

Staff responsibility

3.33 Wearing and caring of Clothing: Only clean and smart uniform will be permitted in Trust clinical areas. The cleaning of uniforms will be the responsibility of the trust employee. (See appendix 6)

Implementation of centralised uniform process

3.34 Full uniform entitlement will be distributed to staff on Corporate Induction

4 RESPONSIBILITIES

| Post(s) | Responsibilities | Ref |
|-----------------------------|---|-----|
| All Staff | <p>The responsibilities of employees in accordance with this policy are:</p> <ul style="list-style-type: none"> To be aware of the policy and adhere to the standards of this policy at all times Projecting a professional image and encouraging public trust and confidence | |
| Management Responsibilities | <p>The responsibilities of each Manager in accordance with this policy are:</p> <ul style="list-style-type: none"> Applying this policy in a fair and consistent manner with regard for health and safety of employees, service users and members of the public Challenging issues as they arise from this policy and applying the policy as appropriate Ensuring all members of their team are aware of the policy Treating concerns raised under this policy sensitively, confidentially and seriously, taking HR advice where appropriate. Carrying out risk assessments where required | |
| Associate Directors | <p>Ensure that managers within the defined service area of responsibility apply the policy and procedures fairly, consistently and in a timely manner.</p> | |

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| Policy Lead | Ensure that the policy and procedure is maintained, is up to date, and is consistent with any relevant employment legislation and utilised correctly. | |
| Executive Director | To ensure any concerns regards the policy are considered as appropriate and it is reviewed in line with any legislative changes. | |
| | | |

5 DEVELOPMENT AND CONSULTATION PROCESS

| Consultation summary | | |
|---|-------------------------|--------------------|
| Date policy issued for consultation | September 2020 | |
| Number of versions produced for consultation | 1 | |
| Committees or meetings where this policy was formally discussed | | |
| PDMG | August 2020 | |
| Where else presented | Summary of feedback | Actions / Response |
| Trade Unions | Received – Jan-Sep 2020 | Actioned |

6 REFERENCE DOCUMENTS

Infection Control Policy
Handwashing guidelines

7 BIBLIOGRAPHY

HR Policies; Disciplinary Policy (HR01)
Infection Control Policy
Health and Safety Policy
Equality and Diversity Policy

8 GLOSSARY

N/A

9 AUDIT AND ASSURANCE

| Element to be monitored | Lead | Tool | Freq | Reporting Arrangements | Acting on Recommendations and Lead(S) | Change in Practice and Lessons to be shared |
|---------------------------|--|------------------------------|----------|------------------------|---------------------------------------|---|
| Application of the policy | Senior Nurse /HR lead/Clinical Service Manager | Disciplinary cases/grievance | 6 months | People committee | Head of HR operations | |

10 APPENDICES

Appendix 1 – Equality Impact Assessment

Appendix 2 - Articles of faith

Appendix 3 – Uniform Styles

Appendix 4 – Uniform Replacement Form

Appendix 5 – Extraordinary Uniform Order Form

Appendix 6 - Guidance for Laundering Soiled/ Infected Uniforms and Workwear

Appendix 7 – Uniform Sizing

Appendix 1 - Equality Analysis Screening Form

| | | | | |
|---|-------------------------------|---|------------------------|---|
| Title of Proposal | Workwear Policy Review | | | |
| Division | Trust-Wide | Service Area | Trust-Wide | |
| Date Started | November 2019 | Date completed | March 2020 | |
| Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation. | | | | |
| Workwear Policy Review | | | | |
| Who will benefit from the proposal? | | | | |
| All employed within the Trust – consistency in achieving a professional image and presentation to represent BSMHT. | | | | |
| Impacts on different Personal Protected Characteristics – <i>Helpful Questions:</i> | | | | |
| <i>The Does this proposal promote equality of opportunity? Eliminate discrimination? Eliminate harassment? Eliminate victimisation?</i> | | <i>Promote good community relations? Promote positive attitudes towards disabled people? Consider more favourable treatment of disabled people? Promote involvement and consultation? Protect and promote human rights?</i> | | |
| Please click in the relevant impact box or leave blank if you feel there is no particular impact. | | | | |
| Personal Protected Characteristic | No/Minimum Impact | Negative Impact | Positive Impact | Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics. |
| Age | X | | | There should be minimal impact on employees as the policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of age. |
| Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups | | | | |

| | | | | |
|---|----------|--|----------|--|
| Disability | X | | | There should be minimal impact for any employees with a disability. The Trust will provide the necessary support and allow for reasonable and risk-assessed workwear adjustments for persons with a disability. |
| Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families? | | | | |
| Gender | X | | | There should be minimal impact on employees due to their gender as the policy does not differentiate or highlight gender and ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of gender. It is noted that pregnant employees who need reasonable adjustments to workwear should raise the matter with their manager. Consideration should be given to alternatives to hosiery or uniforms where appropriate for women experiencing the menopause. It is recognised comments referencing maintenance of tidy hand nails, for example, may have a disproportionate effect toward female over male staff. |
| This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal? | | | | |
| Marriage or Civil Partnerships | X | | | There is minimal impact on employees due to their marriage or civil partnership as the policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their marriage or civil partnership. |
| People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships? | | | | |
| Pregnancy or Maternity | X | | X | It is noted that pregnant employees who need reasonable adjustments to workwear should raise the matter with their manager. The Trust will provide the necessary support and |

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|---|---|--|--|---|
| | | | | adjustments for any employee who is pregnant or on maternity, paternity or adoption leave. |
| This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity? | | | | |
| Race or Ethnicity | X | | | The policy applies to all employees irrespective of their race or ethnicity. The policy allows provision for adherence for religious dress, however it equally makes clear the health and safety of the individual and wider workforce must always supersede - and must take priority. |
| Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language? | | | | |
| Religion or Belief | X | | | The policy applies to all employees irrespective of their belief or religion. The policy allows provision for adherence for religious dress, however it equally makes clear the health and safety of the individual and wider workforce must always supersede - and must take priority. |
| Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met? | | | | |
| Sexual Orientation | X | | | The policy applies to all employees irrespective of sexual orientation. The policy does not place any emphasis on sexual orientation. |
| Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea? | | | | |
| Transgender or Gender Reassignment | X | | | The policy should not disadvantage any transgender or gender reassignment employees with regard to workwear requirements. |
| This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service? | | | | |
| Human Rights | X | | | The policy should not affect human rights for all employees. |

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|--|--------------------|----------------------|-------------------|------------------|
| Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position? | | | | |
| If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998) | | | | |
| | Yes | No ✓ | | |
| What do you consider the level of negative impact to be? | High Impact | Medium Impact | Low Impact | No Impact |
| | | | X | |
| If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required. | | | | |
| If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding. | | | | |
| If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the Equality and Diversity Lead . | | | | |
| Action Planning: n/a | | | | |
| How could you minimise or remove any negative impact identified even if this is of low significance? | | | | |
| <p>Race & Ethnicity – training on Roma and Gypsy community required. Nominated deputy to contact Human Resources (Equality, Diversity & Inclusion) regarding training for ward staff.</p> <p>Transgender or Gender Reassignment</p> <ul style="list-style-type: none"> - Encourage transgender service users to use communal spaces. - Offer reassurance to those service users who express discomfort or anxiety. Offer further one-to-one meetings (medical and clinical) to those impacted. - Promote inclusion (LGBTQ) support groups/resources – nominated deputy to liaise with Human Resources regarding inclusion resources for transgender service users. - Key Worker/RC to liaise with supporting services (where applicable) that the service user is assigned to so that there is a continuity of support to the service user. To be reviewed every 6 months. | | | | |

- The staff have not received any training on transgender rights – nominated deputy to contact Human Resources regarding the provision of training on transgender rights. BSMFT to provide training on transgender rights.

Disability

- Blind/partially sighted:
nominated deputy to confirm if the ward staff are trained/experienced in caring for partially sighted /blind people.
- Mobility - nominated deputy to contact Health & Safety regarding measuring the corridors to determine if they are wide enough to fit a wheelchair.
Sensory impairment assessment to be provided to patients with a sensory impairment where necessary.

How will any impact or planned actions be monitored and reviewed?

These will be monitored and reviewed as part of the policy review.

How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.

All employees will be treated equally and the Trust will take into account and provide the appropriate adjustments for the protected characteristics of each individual.

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at hr.support@bsmhft.nhs.uk. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

HR31 Workwear Policy Appendix Two Articles of faith

What do we mean by Articles of Faith?

Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) recognises the importance of articles of faith to those who are practising members of religious communities. By articles of faith, we mean items of religious significance which full members of a faith are obliged to carry or wear as part of fulfilling their duty as followers of that faith. Faiths which have such articles include Judaism, Sikhism, Islam and Rastafari. Whilst the majority of articles of faith are unlikely to cause any significant issues with being carried/worn in a mental healthcare setting, special consideration may be required in order to ensure the safety of both service users and staff.

We recognise that conversations and decisions about requests to wear/carry an article of faith are very personal and sensitive. It is expected that all staff will listen respectfully to one another about the importance of the issues involved, both from the faith and risk perspectives. Whilst every effort must be made for agreement to be reached by all parties, the final decision rests with the appropriate manager at the time. If a decision is made to decline a request, on the grounds of genuine occupational requirement, managers must explain their reasons from the health, safety and security perspectives of all those within the area, both service users and staff.

This appendix is intended to offer guidance for the majority of articles of faith and situations however care should be taken to ensure that each case is considered individually. BSMHFT takes its responsibilities as an employer very seriously in providing a working environment that supports and learns from the diversity of its staff. Further guidance is available from the Lead for Equality and Diversity and Head of Spiritual Care.

What is not covered by Articles of Faith?

BSMHFT recognises that some staff may wish to wear or carry religious symbols (such as a cross, crucifix or prayer beads), however these will only be considered to be articles of faith if all followers of that faith are obliged by duty to wear them. Items which are not considered to be articles of faith may be worn, whether as a personal choice or an expression of belief, provided that they comply with this policy and any others that may apply. Staff should be careful to consider the impact of wearing religious symbols on those of other faiths (including those who do not follow any specific faith), particularly when supporting service users of faiths different to their own.

How do we consider risk?

BSMHFT is committed to maintaining a least restrictive approach at all times. As such, and in line with legislation which makes it clear such decisions are bound by both time and context, any concerns about the wearing of Articles of Faith (whether specifically mentioned in this appendix or not) should be discussed on a case-by-case basis, taking into consideration all risk factors. Issues which should be covered include the personal safety of both service users and staff, infection control, protecting the integrity of the faith itself and the fluctuating nature of risk in mental healthcare settings.

Specific guidance

BSMHFT recognises the importance of the wearing of Articles of Faith and is committed to working sensitively with its staff to come to an agreed approach. The following information offers guidance on the wearing of specific items in clinical areas:

Clothing:

BSMHFT operates a 'bare below the elbow' policy in all clinical areas. Where duties of staff include personal care (including dispensing of medication), food preparation or service, cleaning or working with service users who are at increased risk from infection, it is considered both reasonable and proportionate that all staff should comply with this policy. This approach prioritises the needs of service users and is in accordance with the values of all faiths to protect others from avoidable risks.

Staff whose roles do not include any of the above tasks, who wish to cover their forearms because this is a requirement of their faith, should in the first instance discuss the matter with the relevant clinical manager and a risk assessment should be undertaken. If this demonstrates that it is both reasonable and proportionate for the policy to apply and there continue to be concerns, managers must contact HR and spiritual care / equality and diversity for further guidance.

Headscarves and other head coverings:

Headscarves and other head coverings are an important expression of faith in many religions. Most head coverings will cause no concern, provided the material/hat is clean and secured without the use of sharp pins. Headscarves which are wrapped around the neck and chin are a potential throttle risk and may not be safe in some areas. The following guidelines apply specifically to inpatient settings; in community settings, some flexibility may be appropriate, and this should be agreed at local level.

- the material used should be of sufficient weight to enable the scarf to be secured by tucking the material back into itself such that there is no need to use any sharp pin or brooch. To minimise the risk of throttling, care should be taken to ensure that the scarf will unravel if grabbed.
- the shortest length of material possible should be used
- the scarf should be tucked into clothing such that no loose ends are visible
- the full face should be visible in clinical areas.

Hair:

- care should be taken to ensure that uncut hair, including facial hair, is worn in accordance with the main policy

Kara (metal bangle worn by baptised Sikhs):

- Requests for Kara to be worn in clinical areas should be discussed in the first instance with the relevant clinical manager for that area, taking into consideration the risks of both infection and injury to service users and/or staff.
- If it is agreed that a Kara may be worn, it must either be removed or pushed up and secured above the elbow when direct service user care is being given.

Kirpan (ceremonial dagger or sword worn by baptised Sikhs):

The Kirpan is at risk of being identified as a potentially offensive weapon. Staff should be aware that to refer to a Kirpan as a weapon is highly disrespectful and may cause significant distress, both to the individual and the wider community. Practicing Sikhs are well aware of their duty to ensure that no harm is caused by a Kirpan, as this would be considered a grave violation of both the Kirpan and the faith. BSMHFT recognises the importance of this issue and expects its managers to work constructively with staff in coming to a decision about whether or not it is appropriate for a Kirpan to be worn in a clinical area (exceptions apply, please see below).

Staff who wishes to wear a Kirpan in clinical areas should discuss this, in the first instance, with their unit manager. The decision on whether it is appropriate for a Kirpan to be worn in a clinical area must be based on a full assessment of the risk by the appropriate manager at the time, in consultation with the member of staff. Consideration should be given to whether a smaller, representation of a Kirpan may provide the best option – please contact the Spiritual Care team for support and guidance.

If it is agreed that a Kirpan may be worn, it should be held within a closed carrier, worn close to the body and entirely concealed beneath clothing. It remains the responsibility of the wearer to ensure that the Kirpan is secure at all times; support is available from the Sikh Chaplain who can be contacted via the Spiritual Care team.

In areas where Kirpans may not be worn, whether temporarily for specific reasons or in areas listed below, respectful arrangements must be made available to staff affected for the safe and dignified storage of a Kirpan whilst it cannot be worn. Access should be available to a private area for the dignified removal/replacement of the Kirpan – toilet areas are not appropriate.

Exceptions: Kirpans are not permitted in areas of high risk or where risks are frequently unknown, such as:

- Forensic (medium or low secure) units – Ministry of Justice restrictions apply
- Psychiatric Intensive Care (PICU) units
- Place of Safety
- Psychiatric Decision Unit

The UK Sikh Healthcare Chaplaincy Group provides helpful guidance in support of this approach, which is in accordance with BSMHFT Offensive Weapon Guidance – please contact the Spiritual Care team, the Local Security Management Specialist and/or Equality and Diversity Lead for further information.

Appendix 3- Uniform styles

| Job role (Profession) | position | Tunic Colour | Colour |
|---------------------------|------------|--------------|--|
| Nurse | Band 7 & 8 | Navy |  |
| Nurse | Band 5 & 6 | Royal |  |
| Nurse | Band 3 | Metro Blue |  |
| Nursing Associate | Band 4 | Peacock |  |
| Assistant Practitioners | Band 5 | |  |
| OT | Band 5,6,7 | Bottle Green |  |
| Dietitians | | White/White | |
| Dietetic Assistants | | White/Maroon | |
| ECG Technicians | | White/Maroon | |
| Speech & Language Therapy | | White/White | |

Uniform Replacement Form

PLEASE COMPLETE THIS FORM AND PLACE IN BAG WITH RETURNING UNIFORMS

Appendix 4

| | |
|-----------------------|--|
| Name: | |
| Date: | |
| Email address: | |

| | | | | |
|---|---|--|---|--|
| Job Title and Band: | | | | |
| Work Location: | | | Signature: | |
| Returning Item Details Tunic/Dress/Trouser Size Colour Sex | Reason for Return Ripped Worn Wrong Size Faulty – how? Grade Change | Quantity being Returned | Replacement Item Details Tunic/Dress/Trouser Size Colour Sex | |
| | | | | |
| | | | | |
| | | | | |

Extraordinary Uniform Order Form

PLEASE COMPLETE AND SCAN TO bsmhft.centralised.uniforms@nhs.net

| | |
|-----------------------|--|
| Name: | |
| Date: | |
| Email Address: | |

| | | | |
|-----------------------|-------------------------------------|----------------------|-----------------|
| Budget Holder: | | Cost Code: | |
| Work Location: | | Phone Number: | |
| Quantity | Item | Size | Subtotal |
| | Black Fleece with Logo - £20.00 | | |
| | Green Polo Shirt with Logo - £12.00 | | |
| | Green Male Shirt with Logo - £13.00 | | |
| Grand Total: | | | |

(Please note that there may be a 12 week wait on these items)

Appendix 6- Guidance for Laundering Soiled/ Infected Uniforms and Workwear

(Note: - Catering staff excluded as laundering arrangements already provided)

The purpose of this guidance is to assist you in the safe handling and laundering of these items.

All items of clothing that have been contaminated should be placed in a water soluble bag inside another bag. Water soluble bags and disposable gloves will be provided by the trust. The bag will be named and dated if it contains items of clothing that have been soiled.

The water soluble bag has a strip that dissolves in domestic washing machines at normal temperatures allowing the bag to open and release the clothes. Once the cycle has finished, the bag can then be removed. The bag should not be placed in tumble driers.

Although soiled / infected clothing has been identified as a source of infection, the risk of spread of disease is low if handled correctly.

- The water soluble bag should be handled as little as possible and placed directly into the washing machine using disposable gloves.
- These items of clothing should be washed separately from other household clothing items. If possible a pre-wash cycle should be used first.
- Clothing should be washed at the hottest temperature that the clothing will withstand, using detergent.
- Wash hands after handling soiled clothing and removal of gloves
- Clothing should be thoroughly dried ideally in a tumble dryer, where possible, and then ironed.

Appendix 7- Uniform Sizing

When ordering uniform please remember that the sizing for uniform is different to that of high street shops. You will need to measure yourself. The guides below show how this should be undertaken.

Sizing Guide

(Remember, do not add extra room for movement. We will automatically provide this for you.)

| Female Size Range | | 8 | 10 | 12 | 14 | 16 | 18 | 20 | 22 | 24 | 26 | 28 |
|------------------------|--------|------|-----|------|-----|------|-----|------|-----|------|-----|-----|
| Bust Size | inches | 30 | 32 | 34 | 36 | 38 | 40 | 42 | 44 | 46 | 48 | 50 |
| | cms | 76 | 81 | 86 | 91 | 96 | 101 | 106 | 111 | 116 | 121 | 126 |
| Hip Size | inches | 32 | 34 | 36 | 38 | 40 | 42 | 44 | 46 | 48 | 50 | 52 |
| | cms | 81 | 86 | 91 | 96 | 101 | 106 | 111 | 116 | 121 | 126 | 131 |
| Dress Length | | | | | | | | | | | | |
| Regular | inches | 42 | 42 | 42 | 44 | 44 | 44 | 44 | 44 | 44 | 44 | 44 |
| | cms | 106 | 106 | 106 | 121 | 112 | 112 | 112 | 112 | 112 | 112 | 112 |
| Male Size Range | | | | | | | | | | | | |
| Chest | inches | 34 | 36 | 38 | 40 | 42 | 44 | 46 | 48 | 50 | | |
| | cms | 86 | 91 | 96 | 101 | 106 | 111 | 116 | 121 | 126 | | |
| Waist | inches | 28 | 30 | 32 | 34 | 36 | 38 | 40 | 42 | 44 | | |
| | cms | 71 | 76 | 81 | 86 | 91 | 96 | 101 | 106 | 111 | | |
| Collar | | | | | | | | | | | | |
| Short | inches | 14.5 | 15 | 15.5 | 16 | 16.5 | 17 | 17.5 | 18 | 18.5 | | |
| | cms | 37 | 38 | 39 | 41 | 42 | 43 | 44 | 46 | 47 | | |

This size chart is a guide only and is to be used in conjunction with the information on each product page.

For sizes outside our size range please contact our Sales Team on 0116 2556326

How to Measure

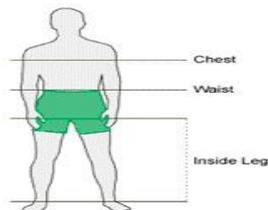
Men:

Collar:
Double check your measurements with one of your most comfortable shirts

Chest:
Measure under your arms and around the fullest part of your chest

Waist:
Measure your waist around the natural waistline

Inside Leg:
With your feet slightly apart, measure from the crotch downwards, to the length you prefer



(Remember, do not add extra room for movement. We will automatically provide this for you.)

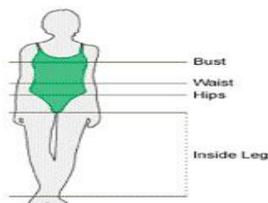
Women:

Bust:
Measure your bust around the fullest part

Waist:
Measure your waist around the natural waistline

Hips:
Measure your hips around the fullest part, about 8"/20cm below the waist

Inside Leg:
With your feet slightly apart, measure from the crotch downwards, to the length you prefer



(Remember, do not add extra room for movement. We will automatically provide this for you.)

Centralised Uniform Process

- Substantive staff are entitled to **three** uniforms.
- TSS staff are entitled to **one** uniform.
- Replacement Uniforms – The old uniform will need to be returned prior to the new uniform being distributed with replacement form completed and entered into the package – packages received without the correct form will not be replaced
- Uniforms will be distributed from the Uffculme Centre and operational areas by appointment only.
- The centralised uniform process includes tunics, trousers and dresses.
- Extraordinary items outside of centralised Uniform guidelines will incur an internal cost this includes fleeces, polo shirts, and shirts and will only be dispensed on receipt of cost.

