

# Dress Code Policy for all staff working in the Southern Health and Social Care Trust

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## Policy Checklist

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## Version Control

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<b>Version History</b>			
Version	Notes on revisions/modifications and who document was circulated or presented to	Date	Lead Policy Author
Version 1		August 2010	Not known
Version 2	Dress Code Policy for all staff working in the Southern Health and Social Care Trust Version 2 (2015)	March 2015	Southern HSC Trust Dress Code Policy Group

<b>Version 3</b>		November 2019	
<b>Version 4</b>	<b>Dress Code Policy for all staff working in the Southern Health and Social Care Trust</b>	April 2022 agreed in principle	William Delaney
<b>Version 5</b>	<b>Dress Code Policy for all staff working in the Southern Health and Social Care Trust</b>	July 2022 information added	Stephanie Hunter Susan Sandford

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## **1.0 Introduction**

In response to actions identified in *Changing Culture: An Action Plan for the Prevention and Control of Healthcare Associated Infection in Northern Ireland (2006/2009)*, the DHSSPS produced a Regional Dress Code Policy with the purpose of providing guidance on a standard of dress for all HSC staff. [Regional Dress Code Policy](#). An updated Action Plan was published in 2010 -*Changing the Culture (2010) with the Strategic Regional Action Plan* (revised in 2015). As the updated Regional Dress Code Policy has not as yet been forwarded, the SHSCT has taken steps to update their previous policy.

The Southern Health and Social Care Trust (SHSCT) attaches the highest importance to ensuring that **all** its employees project a professional and respectful image in keeping with the public's expectation of health and social care staff.

The association between the inappropriate wearing of uniforms, adornments such as artificial nails, eyelashes and the risk of infection is intrinsically linked in the public perception, and the way in which staff dress and present themselves sends a message to the public which may impact on their perception of their care and treatment.

How staff dress and their general appearance is therefore of significant importance in portraying a professional image to all users of the service.

This policy has been developed in accordance with the Trust's Key Principles for Policy Development.

## **2.0 Purpose**

- The purpose of the Southern Health and Social Care Trust's Dress Code Policy is to provide a standard dress code and uniform policy for **all** staff who work in the acute and community sectors.

### **Aims**

- To offer our patients/ clients confidence in the promoting of a professional image of the Trust its employees and the services we provide.
- Support mandatory Infection Prevention and Control compliance and Health and safety legislation
- Ensure all staff are familiar with the current evidence available on wearing suitable dress or uniforms.
- Prevent the occurrence of Healthcare Associated Infections and promote public confidence in the Trust's commitment to this aim.
- Ensure Health and Safety and legal issues are taken into account
- Promote a culture where-by staff are supported in the implementation of this policy.
- To endorse the principle of respecting cultural diversity and recognise the diversity of its workforce.

### **3.0 Objectives of this Policy**

The objectives of this policy are to:

1. Clearly set out dress requirements for all staff within the Trust.  
Agreeing the standard of how staff dress with regard to infection prevention and control; health and safety; and appropriateness; will enhance the provision of safe, high quality care and may positively influence public confidence and perception of the Trust as a quality organisation.
2. Respect the dress sensibilities and preferences of staff within the confines and requirements of the Dress Code Policy.
3. Endorse the principle of respecting cultural diversity and recognise the diversity of its workforce.
4. This policy has taken account of the needs of those with disabilities, and the religious, cultural and gender expression of those to whom the policy applies. Where possible these sensibilities have been taken into consideration when writing this policy.
5. To reflect the Regional Dress Code Policy

### **4.0 Policy Statement**

The Southern Health and Social Care Trust endorses all aspects of the Regional Dress Code Policy. All staff working in the Trust will adhere to the dress code requirements herein in order to enhance infection prevention and control, patient, public and staff safety, and promote a professional image of the trust.

### **5.0 Scope of Policy**

This policy applies to all staff working in the Trust. These are specifically defined as:

- Staff directly employed by the Trust on permanent or temporary contracts
- Agency and Bank staff
- Volunteers providing services on behalf of the Trust
- Students and others on placement in the Trust

All the above personnel are required to comply with the Trust's Dress Code requirements found in Appendices 1 and 2.

In addition, staff members who provide 'hands on' care/direct-patient contact and support services staff must strictly adhere to the requirements stated in Appendices 1 and 2.

Individual departments may develop additional local requirements/guidelines specific to the needs of the profession, working environment or client group e.g. wearing scrubs during periods of hot weather but only following discussion and agreement with Head of Service providing that role identification badges are worn to clearly differentiate staff groupings.

In addition to the above, it is essential that those providing services on behalf of the Trust adhere to this Policy.

This policy does not extend to personal protective equipment.

## **6.0 Roles /Responsibilities**

### *Responsibility of the Chief Executive*

As Accountable Officer, the Trust's Chief Executive has overall responsibility for ensuring that arrangements are in place to enable all staff to comply with this policy. This includes ensuring an adequate supply of uniforms to meet the requirements.

### *Responsibility of Senior Management*

All Trust Directors, Assistant Directors and Heads of Service have responsibility for the effective implementation of this policy. They will ensure that all of the required actions are implemented, monitored and that information required to evidence compliance with this policy is provided. Senior Managers will adopt a flexible approach where staff cannot adhere to this policy for medical reasons, religious requirements or for reasons related to disability.

Where a member of staff does not adhere to this policy without approval, the Trust will support managers in taking formal action.

### *Responsibility of Direct Line Managers*

All Direct Line Managers have responsibility for the application of this policy. They should ensure staff are made aware of the policy and are encouraged to abide by the requirements in Appendix 1, and where appropriate, Appendix 2. This should include spot checks and audits of adherence to this policy in addition to confronting non-compliant staff.

Where a staff member cannot adhere to the policy for medical reasons, religious requirements or for reasons related to disability or culture, or where a member of staff does not adhere to this policy without approval, the Direct Line Manager should consult with Senior Management.

### *Responsibility of all Staff Working in the Trust*

All those working in the Trust have a responsibility to strictly adhere to the requirements of this policy and any direction in pursuit of this policy. All staff must comply with the requirements set out in Appendix 1.

In addition, those delivering 'hands on' care or who have direct patient contact and support services staff must strictly comply with the specific requirements set out in Appendix 2.

If for medical reasons, religious requirements or reasons related to disability, any staff members who are unable to adhere to this policy, should bring this to the attention of their Line Manager with a view to referral to Occupational Health. The

Trust, in keeping with the recommendations of Regional Dress Code Policy & Recommendations on Staff Changing Facilities for Northern Ireland (2008): will “endeavour to accommodate their requirements ...without compromising either health & safety or infection prevention and control issues”.

Those who for reason of gender may wish to identify or express themselves differently to their assigned sex at birth should discuss this with their Line Manager. The Trusts Gender Expression and Identity Policy contains a “memorandum of understanding”, for the individual and manager to work through at the individuals pace; discussion should include how to address the individuals’ needs within the boundaries of the Trust Dress Code Policy.

### **7.0 Legislative Compliance, Relevant Policies, Procedures and Guidance**

This policy complies with the *Regional Dress Code Policy* (2008) which can be accessed at [Regional Dress Code Policy](#).

Royal College of Nursing (2013) *Wipe it out – One chance to get it right. Guidance on uniforms and work wear*. RCN publication or [www.rcn.org.uk](http://www.rcn.org.uk)

DHSSPS (2006/2009) *Changing Culture: An Action Plan for the Prevention and Control of Healthcare Associated Infection in Northern Ireland*.

NHS England and NHS Improvement (2020) - Uniforms and work wear: guidance for NHS employers: <https://www.england.nhs.uk/wp-content/uploads/2020/04/Uniforms-and-Workwear-Guidance-2-April-2020>

SHSCT *Gender Identity and Expression Policy* (2018)  
<http://vsrintranet.southerntrust.local/SHSCT/HTML/PandP/documents/GenderIdentityAndExpressionPolicyST.pdf>

SHSCT *Gender Identity and Expression Policy Guidance and Procedure*  
<http://vsrintranet.southerntrust.local/SHSCT/HTML/PandP/documents/GenderIdentityAndExpressionPolicyGuidanceST.docx>

SHSCT Equality, Diversity and Inclusion Policy 2021

SHSCT Disability Equality Policy 2021

### **8.0 Equality & Human Rights Considerations**

#### **Equality Considerations**

This policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1998. Equality Commission of Northern Ireland Guidance states that the purpose of screening is to identify those policies that are likely to have a significant impact on equality of opportunity so that greatest resources can be targeted at them. Using the Equality Commission’s screening



criteria no significant equality implications have been identified. This policy will therefore not be subject to an equality impact assessment.

## **Human Rights Considerations**

This policy has been considered under the terms of the Human Rights Act, 1998, and was deemed compatible with the European Convention of Human Rights contained in that Act. This policy will be included in the Trust's register of screening documentation and maintained for inspection whilst it remains in force.

This document can be made available on request in alternative formats, for example Braille, disc, and audiocassette and in other languages to meet the needs of those who are not fluent in English

## **9.0 Sources of Advice & Further Information**

Further advice and information regarding this policy can be obtained from:

- Operational and Professional Managers
- Infection Prevention and Control Team (IPCT)
- Human Resources
- Assistant Directors with responsibility for Professional Governance

## **10.0 References**

[Blenkharn, J. I. \(2020\) Rigid infection prevention and control rules and religious discrimination: An uncomfortable juxtaposition? \*Journal of Infection Prevention\*, 21 \(1\), 35-39.](#)

[Chief Medical Officer \(2008\) Letter: \*Regional Dress Code Policy and Recommendations on Staff Changing Facilities for Northern Ireland.\*](#)

<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hss-md-5-2008.pdf>

DHSSPS (2006/2009) *Changing Culture: An Action Plan for the Prevention and Control of Healthcare Associated Infection in Northern Ireland.*

DHSSPS (2008) *Regional Dress Code Policy & Recommendations on Staff Changing Facilities for Northern Ireland* <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hss-md-5-2008.pdf>

<http://www.npsa.nhs.uk/cleanyourhands>

DHSSPS (2010) *Changing the Culture: Strategic regional action plan for the prevention and control of healthcare-associated infections in Northern Ireland*

<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/changing-the-culture.pdf>

DOH (2010) *Uniforms and work wear: Guidance on uniform and work wear policies for NHS employers*. Available at:

[https://webarchive.nationalarchives.gov.uk/+http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_114751](https://webarchive.nationalarchives.gov.uk/+http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114751)

Malik, A., Qureshi, H., Abdul-Razakq, H., Yaqoob, Z., Javaid, F Z., Esmail, F., Wiley, E. & Latif, A. (2019) 'I decided not to go into surgery due to dress code': a cross-sectional study within the UK investigating experiences of female Muslim medical health professionals on bare below the elbows (BBE) policy and wearing headscarves (hijabs) in theatre. *BMJ Open*, 9.

NHS England and NHS Improvement (2020) - Uniforms and workwear: guidance for NHS employers: <https://www.england.nhs.uk/wp-content/uploads/2020/04/Uniforms-and-Workwear-Guidance-2-April-2020>

PHA (2015) *The Northern Ireland Regional Infection Prevention and Control Manual* <https://www.niinfectioncontrolmanual.net/basic-principles>

PHA (2015) *The Northern Ireland Regional Infection Prevention and Control Manual, Laundry Advice Leaflet* <https://www.niinfectioncontrolmanual.net/laundry>

Pittet, D., Hugonnet, S., Mourouga, P., Sauvan, V., Touveneau, S. & Pemeger, T. V. (2000) Effectiveness of a hospital-wide programme to improve compliance with hand hygiene. *Lancet*, 356 (9248): 1307-1312.

Belfast Health and Social Care Trust (2018), Dress Code and Uniform Policy.

## APPENDIX 1

### ***Dress Code for all staff working in the Southern Health & Social Care Trust***

1. All staff must dress in a professional manner that is likely to inspire public confidence and promote a professional and positive image of the Trust. Casual denim jeans, shorts, leggings or jogging bottoms are not professional dress and therefore not permitted with exception unless specific requirements are necessary for Instructors providing and staff attending training.
2. All staff working in a clinical area must be “Bare below the Elbows”. This helps facilitate effective hand hygiene. One plain band ring may be worn – <http://www.npsa.uk/cleanyourhands> (a clinical area is defined as an area where a clinical intervention takes place i.e. any area where a patient is seen and or treated-e.g. Wards, Hospital and Community settings, Outpatients Department, Radiology , Emergency Department)

Staff entering some ward/department areas, not to specifically work in the area, may also be asked to be bare below the elbows. This is applicable in areas of high risk were patients are very vulnerable to infection or where there is an outbreak situation.

3. Staff must, at all times whilst on duty, have available the approved identification name badge provided by the Trust.
4. If an attachable name badge is worn it should be compliant with the work undertaken by the “Patient Client Experience”, Steering Group
5. All members of staff should take a sensible and safe approach to their clothing, appearance, cleanliness and personal hygiene. Clothing for both uniformed and non-uniformed staff must be clean, neat and tidy. For uniformed staff it is expected that a clean uniform will be worn every day.
6. Uniforms must be taken to the sewing room for alterations and repairs as soon as necessary to ensure the maintenance of smart appearance
7. Uniforms belong to the Trust and should not be worn outside the Trust unless on Trust business or direct journeys to and from work. For the latter, uniform must be covered by outdoor wear
8. Clothing and appearance should not deliberately cause offence to the public or to people who come in to contact with, or use, Trust services. Clothing should be modest, and contain no provocative, sectarian, sexist, or racist remarks. Clothing should not display slogans or logos relating to drugs, alcohol or tobacco, or demonstrate sponsorship of such products.
9. It is not acceptable to wear clothing that over exposes parts of the body, e.g. stomach, chest, thighs, or that is transparent or see-through.
10. All staff should wear footwear that is safe and suitable for the duties undertaken.

11. Clothing should be worn appropriate to the nature of the work undertaken.  
Individual departments may have, or may develop, additional local guidelines on what is acceptable and appropriate for their working environment and patient/client group.
12. Uniformed staff must not undertake personal shopping, socialising or similar activities in public without their tunic (includes polo shirts, tabards, dresses etc.) being covered. It is, however, reasonable that community staff may need to make purchases e.g. lunch, petrol, whilst wearing their tunic during the course of their working day. Nonetheless, in both of these cases their uniform is to be covered by a coat or cardigan.
13. Where uniformed staff members are required to carry out patient/client related shopping or therapeutic activities in public as part of their duties, they should cover their tunic while carrying out these duties unless it is important for it to be visible for therapeutic reasons.
14. Uniformed staff who have access to changing facilities and a locker should, change into and out of uniform in the workplace.
15. Uniformed staff must ensure their tunic is covered when travelling on public transport
16. Staff must change as soon as possible after a uniform or clothes become contaminated. Managers must ensure that there are local arrangements in place to facilitate a change of uniform or clothing if required. In community settings, this may mean that the staff member has to go home to change.
17. Trust uniformed staff in Augmented Care Areas (i.e. ICU, High Dependency Unit, Special Care Baby Unit, Neonatal, Haematology, Renal Unit and any COVID related areas ) should use the Trust's laundry facilities.
18. Community based staff who launder their own uniforms, should do so at the highest temperature the manufacturer's washing instructions label permits.
19. Clothing or shoes for particular purposes should be worn in accordance with guidance set out in the Trust's Health, Safety and Security Manual and the NI Regional Infection Prevention and Control Manual.
20. Scrubs are **not** to be worn outside the confines of the Hospital site.
21. Staff should use Trust laundry services to launder scrubs, or wash at home as recommended – with highest temperature fabric allows.
22. Personal Protective Equipment (PPE) should always be available and should be worn, removed and disposed of in accordance with the relevant procedures.

23. If fit testing is to be completed and where FFP3 masks are required to be worn for clinical care it is expected that staff will be clean shaven and if necessary beards will be shaved off to help ensure staff safety at such a potentially vulnerable time.

24. Were staff members with facial hair cannot shave it off, due to religious requirements, Jupiter Hoods can be availed of to facilitate fit testing of FFP3 masks.

24. Yellow name badges with black Arial font are to be used in clinical areas.

\*\*Yellow name badges are ordered from E-Procurement catalogue. See link below.

[Yellow Name Badges](#)

Order using code: WKG000103 (Magnetic) OR WKG000102 (Pin Fastening)

The name badge excel document needs to be added as an attachment under “notes”. See example below.

Basket Contents										
Catalogue Code ^1	Description ⇅	Supplier ⇅	Unit of Measure	Price ⇅	Quantity	Total ⇅	Alerts ⇅	<input type="checkbox"/>	Action	Notes ⇅
WKG000102	BADGE NAME HSC DEMEN	THOMAS FATTORIN	EACH	1.93	<input type="text" value="1"/>	1.93		<input type="checkbox"/>		

25. Non- clinical staff who wear Lanyards, must use these for holding an ID badge. The lanyard must be replaced if it becomes visibly stained/ dirty.

## Appendix 2

In addition to Appendix 1 - Dress Code Requirements for staff who provide 'hands on' care / direct patient contact and for support services staff

	<b>Requirements</b>	<b>Rationale</b>	<b>Regional Dress Code Policy</b>
1a	<p><b>The Trust has adopted a <i>Bare from the Elbows Down</i> position.</b>            White coats must be short sleeved AND laundered daily AND changed if visibly soiled.            In the hospital setting, long sleeved clothing such as suit jackets, cardigans, fleeces or sweaters must be removed before the delivery of direct patient care. In the community setting, long sleeved clothing such as cardigans, fleeces or sweaters must be removed or sleeves rolled up, before the delivery of direct patient care.</p>	<p>Cuffs become heavily contaminated and are more likely to come into contact with patients. Cuffs may act as a vehicle for transmitting infection. Long sleeves or cuffs prevent effective hand washing techniques.</p>	<p>Wear short - sleeves or roll the sleeves up to elbow length before carrying out clinical procedures.</p>
1b	<p>Where exposure of the forearms is not acceptable to some staff this should be discussed on an individual basis with the Line Manager and Lead Infection Prevention and Control Nurse (IPCN) However, bare below the Elbow (BBE) is the standard operating policy for the SHSCT</p>	<p>Cuffs become heavily contaminated and are more likely to come into contact with patients. Cuffs may act as a vehicle for transmitting infection. Long sleeves or cuffs prevent effective hand washing techniques.</p>	
1c	<p>Health care staff who are required to wear prosthesis or supports that will compromise compliance</p>	<p>To ensure safe IPC working arrangements</p>	

	<b>Requirements</b>	<b>Rationale</b>	<b>Regional Dress Code Policy</b>
	with the BBE policy e.g. arm compressions or wrist splints, should discuss this with their Line Manager and Lead IPCN to agree safe IPC working arrangements		
2	A disposable Hijab should be worn to accommodate personal and religious beliefs when in the operating theatre.	To accommodate personal and religious beliefs	
3	Turbans and Skull Caps should be covered by a disposable theatre cap/hood when in the operating theatre.	To accommodate personal and religious beliefs	
4	Loose clothing and accessories that may easily become contaminated or entangled / entrapped in equipment must not be worn. It is preferable that neck ties are not worn, however when they are they must be tucked into the shirt during clinical procedures. Name tags should not be worn loose whilst delivering direct patient care	This type of clothing may make contact with the patient and their environment during clinical procedures and may be a vehicle for transmitting infection. For health and safety reasons, dress defensively as e.g. scarves; ties, hoodies and lanyards can be used as a ligature. Similarly consider highly coloured / decorative accessories which can draw unwanted / unsafe attention.	Clinical staff who do not wear a uniform should not wear any loose clothing such as unclipped ties, draped scarves, necklaces and similar items

	Requirements	Rationale	Regional Dress Code Policy
5	Staff must ensure that long hair is tied back securely and off their collar.	Patients generally prefer to be treated by staff with tidy hair and a neat appearance. In the interests of patient and staff safety and good IPC practice long hair <b>must</b> be tied back.	All staff working in clinical areas should secure long hair.  Long hair should be tied back and off the collar.
6	<p><b>Staff must not wear ANY jewellery above the waistline, including wrist watches, rings, earrings, nose rings or necklaces whilst on duty, whether or not they are undertaking a clinical procedure with the following exceptions:</b></p> <ul style="list-style-type: none"> <li>- A single plain band ring (with no stones)</li> <li>- A fob watch</li> </ul> <p>Alert bracelets must be removed and attached around and pinned to uniform</p> <p>Staff should refrain from wearing stethoscopes outside clinical areas</p>	Jewellery and stethoscopes can harbour micro-organisms and hand/wrist jewellery reduces the effectiveness of hand hygiene techniques. Jewellery can cause injuries such as bruising, scratches and tears.	Wrist or hand jewellery must not be worn by clinical staff when carrying out clinical procedures (a plain single band ring acceptable).
7	<b>Staff are not permitted to wear false eyelashes, nail varnish, embellishments such as crystals, or false, gel or acrylic nails whilst on duty and nails must be kept short and clean at all times.</b>	Long and / or dirty nails can present a poor appearance and long nails are harder to keep clean. False nails and chipped nail varnish harbour micro-organisms and can reduce effectiveness of hand hygiene. Long nails can cause injuries such as bruising, scratches and tears.	Clinical staff should keep finger nails short and clean. Clinical staff must not wear false nails or nail varnish for direct patient care



	Requirements	Rationale	Regional Dress Code Policy
		<p>From an IPC perspective false eyelashes increase the risk of contamination in that they can potentially cause the wearer to put their hands to their eyes more frequently. Plus there is the risk that false eyelashes may fall off during procedures.</p> <p>Wearing of false eye lashes risk impacting on promoting a professional image of the Trust and the services provided from the perception of the public.</p> <p>Policy provides a standard dress code for all staff working in the Trust regardless of whether or not a uniform is worn so as to avoid any differentiation in roles and ambiguity in its interpretation.</p>	
8	<p>Shoes must be navy or black and be enclosed and have low heels. Plain navy/black wipe able trainers are acceptable. Theatre footwear <b>must</b> be approved by the Infection Prevention and Control Team in conjunction with the Theatre Users Committee.</p>		<p>Footwear worn in the clinical areas <b>must</b> be suitable for purpose and comply with the relevant health and safety requirements.</p>

	Requirements	Rationale	Regional Dress Code Policy
9	<p><b>Laundering uniforms-</b> If not using the Trust staff laundry facilities staff must adhere to guidance on the garment's washing instruction label, washing at the highest temperature allowed.</p>		
10	<p><b>Staff must change as soon as possible after a uniform or clothes become contaminated.</b> Managers must ensure that there are local arrangements in place to facilitate a change of uniform or clothing if required. In community settings, this may mean that the staff member has to go home to change. Community staff should hold a change of uniforms at their base as a contingency plan should they need to change their uniform.</p>	<p>Changing and showering facilities are provided in the Trust for staff. Changing uniform and showering if necessary, reduces the exposure to contaminants and associated risk of infection for the worker and those with whom they come into contact.</p>	<p>Trusts must ensure that there is a local arrangement for this</p>
11	<p>Additional uniforms may be ordered for staff at the managers discretion e.g. women experiencing menopausal symptoms or staff experiencing excessive sweating</p>	<p>To promote comfort and support optimal working conditions</p>	