

Reference Number: FOI202425/182
From: Commercial
Date: 01 August 2024
Subject: Most recent staff uniform/ dress code policy

Q1 Please could you send the following:

- Full copy of your most recent staff uniform/ dress code policy
- If there is a separate uniform policy for surgical theatres, please can you send this by email too.

A1 Please see attached documents:

- Theatre Attire v4.0
- Theatres Etiquette v5.0
- Uniform and Workwear v4.0

Theatre Attire

Policy and Procedure

For completion by Author			
Author(s) Name and Title:	Fiona Altintas Head of Nursing and Quality for Surgery, Mark Field Consultant Aortic Surgeon, Clinical Lead for Surgery and Dr Toong Chin Consultant Microbiologist, Yvonne Heslop, Theatre Matron		
Scope:	Trust wide	Classification:	Clinical
Version Number:	4.0	Review Date:	21/07/2025
Replaces:	3.0		
To be read in conjunction with the following documents:	Theatre Etiquette Protocol Work wear and uniforms Policy Visitors to Theatre Policy		
Document for public display:	Yes		
Executive Lead	Dr Raph Perry, Medical Director		

For completion by Approving Committee			
Equality Impact Analysis Completed:		No	
Endorsement Completed:	No	Record of Changes	No
Authorised by:	Surgery Divisional Board	Authorisation date:	21/07/2023

For completion by Document Control					
Unique ID No:	T18DC004	Issue Status:	Approved	Issue Date:	05/10/2023
After this document is withdrawn from use it must be kept in archive for the lifetime of the Trust, plus 6 years.					
Archive:	Document Control	Date Added to Archive:			
Officer responsible for Archive:	IG and Document Control Facilitator				

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Document Statement

This protocol sets out the correct wearing of operating department attire within and outside the operating department.

1. Objectives

The protocol was designed with the following factors in mind:

- The need to protect staff against contamination from blood and body fluids and the risks of cross infection and cross contamination.
- The need to promote a clean environment.
- The need to promote a professional image.
- The need to promote a professional responsibility.

2. Roles and Responsibilities

It is the professional responsibility of all theatre personnel and staff groups to support and maintain these standards

All practitioners, staff and clinicians working in the theatre suite are expected to act as role models and demonstrate positive behaviours that actively promote best practice

3. Procedure

3.1

- The Operating Theatre Department will be a scrub uniform only, within all clinical areas.
- In the event of an emergency, it is acceptable for non-theatre staff to support patient transfer to operating table.
- Escort staff (in hospital uniform) are only permitted into the Forward waiting area and the recovery area to collect patients.
- Under no circumstances other than emergency, must staff or visitors enter theatres if not in scrubs.
- Any visitors to theatre not wearing a uniform must be afforded the opportunity to change into scrubs or to be offered the facility to meet staff within the meeting rooms available within the theatre complex but not in the clinical area.
- Scrubs only must be worn when entering the Anaesthetic room and Operating Room.
- The Theatre corridors must not be used as a thoroughfare.
- Any item of operating department clothing must be changed as soon as possible when contaminated with blood or body fluids.
- All jewellery apart from a plain wedding band must be removed prior to entering the operating department.
- All hand jewellery apart from a plain wedding band must be removed prior to scrubbing.
- Operating department footwear clogs, wellington boots or other appropriate footwear as determined by risk assessment to ensure protection against penetrative injury.
- A single use fluid repellent mask must be worn correctly for each operation where aerosolised blood & body fluids are present.
- A disposable head covering should be worn covering all hair.
- A full mask covering beards etc must be worn.

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- Eye protection, spectacles/ goggles, visors must be worn if there is a risk of splashing or spraying of blood or body fluids and when reconstituting a chemical solution.

3.2 Special Consideration

Relatives who accompany patients into the recovery area 1st on morning list, or subsequent patients into Meadow suite will be expected to don an over gown.

3.3 Standard operating department attire outside of an Operating Department area, but within the Hospital Building

- Theatre staff may wear clean operating department attire within the Hospital Building. If you must leave the main Hospital building, on return to theatre you must put on fresh scrubs.
- Operating department footwear is supplied by the department. The purpose of this footwear is to provide antistatic properties in accordance with BS EN ISO 20347. Footwear should be changed where possible when leaving the Theatre Department.
- It is the responsibility of staff to ensure their clogs are cleaned regularly.
- Clogs should not be worn outside of the Theatre complex if obviously contaminated.
- Hats and masks must be removed when leaving the Theatre Department and associated CCA. A new mask should be put on. During the pandemic it has been mandated for all staff to wear masks within the hospital.
- Disposable headwear is preferable however, cloth hats are permissible if laundered and inspected for holes and imperfections.
- Hospital Identification should be visible at all times.

4. Policy Implementation Plan

Theatre Matron and Clinical Lead for Surgery will ensure this policy is cascaded to their current staff and monitor implementation and compliance.

All new staff and volunteers should be made aware of this protocol. This should include employees of the Trust and employees of other organisations who work at the Trust. Agency staff, work experience placements and contractors must also be made aware of and adhere to the Protocol.

The Protocol will be available on the Trust Intranet.

Surgical Governance will be responsible for reviewing progress in implementing this protocol.

5. Monitoring of Compliance

Surgical Governance – 6 monthly reviews.

Infection Prevention Committee – 6 monthly reviews.

6. Expert Advice

Infection Prevention Nurse Specialist Consultant Microbiologist

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7. Endorsed By:

Name of Lead Clinician / Manager or Committee Chair	Position of Endorser or Name of Endorsing Committee	Date

8. Record of Changes

Section No	Version No	Date of Change	Description of Amendment	Description of Deletion	Description of Addition	Reason

Theatre Etiquette

Protocol

For completion by Author			
Author(s) Name and Title:	Yvonne Heslop, Theatre Matron, Updated - Fiona Altintas, Divisional Director of Nursing for Surgery, for Surgery, Mark Field, Consultant Cardiac/Aortic Surgeon, Omar Al Rawi, Consultant Anaesthetist		
Scope:	Surgery / Theatres	Classification:	Clinical
Version Number:	5.0	Review Date:	20/10/2025
Replaces:	4.0		
To be read in conjunction with the following documents:	Safe Surgery Policy, Mobile Phone Policy, Workwear and Uniforms, Theatre attire protocol		
Document for public display:	Yes		
Executive Lead:	Dr Raph Perry		

For completion by Approving Committee			
Equality Impact Analysis Completed:		Yes	
Endorsement Completed:	No	Record of Changes	No
Authorised by:	Surgery Divisional Board Clinical Services Divisional Board	Authorisation date:	17/11/2023

For completion by Document Control					
Unique ID No:	DSGC10(16)	Issue Status:	Approved	Issue Date:	27/05/2022
After this document is withdrawn from use it must be kept in archive for the lifetime of the Trust, plus 6 years.					
Archive:	Document Control	Date Added to Archive:			
Officer responsible for Archive:	Information Governance and Document Control Facilitator				

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Protocol Statement

All staff will endeavour to maintain a professional demeanour within the department at all times, treat their colleagues with courtesy and respect, and provide excellent, safe compassionate care for all patients that enter the department.

1. Roles and Responsibilities

It is the responsibility of all theatre personnel and staff groups to support and maintain these standards

All practitioners, staff and clinicians working in the theatre suite are expected to act as role models and demonstrate positive behaviours that actively promote best practice

2. Etiquette

All staff are expected to be changed and ready for duty at their allocated start time

2.1 Theatre Attire

Within theatres, anaesthetic rooms and other 'clean' areas of the trust where sterile invasive procedures are performed the following standards apply:

- Theatre 'scrubs' must be worn along with theatre hats which should cover all hair
- No false nails, eyelashes, rings (other than a plain wedding band), earrings (other than studs), necklaces or other item of jewellery may be worn (including facial piercings).
- Trust ID badges should be worn either inside the theatre top or in a pocket
- All clinical staff must be 'bare below the elbow'

There is no conclusive evidence that uniforms or scrubs worn **outside the clinical area** increase the risk of spreading infection, however, the way that staff dress and present themselves in public areas does influence perceptions of professional conduct and the standard of care that patients and the public feel they can expect.

Trust ID badges should be on show and easily seen

Soiled masks must be removed before leaving theatre. A new mask should then be put on as per Trust policy wearing of facemasks during the pandemic

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Scrubs may be worn outside of the theatre suite only if they are clean, in good repair and well fitting. Theatre Clogs/suitable footwear should be visibly clean and where possible staff should wear separate footwear when leaving the theatre suite.

2.2 General

All staff must attend the pre-list brief and comply in full of all elements of the WHO checklist and NatSSIPs/LocSSIPs. Any non-compliance must be escalated and recorded on the de-brief document. Disciplinary action may result if repeated non-compliance is reported.

When a patient is in the anaesthetic room red barriers must be closed outside the anaesthetic room doors to maintain patient privacy and dignity.

Once the patient has arrived in the anaesthetic room, talking outside of the anaesthetic rooms and theatres must be kept to a minimum.

The theatre and anaesthetic room doors must, where practical, remain closed during surgery to ensure patient privacy and to maintain an effective ventilation system.

If staff are unable to leave theatre for a break, packaged food and closed lid drinks can be consumed in the anaesthetic room. No open cups drinks or food is permitted inside the theatre.

To minimise infection risk, only those theatre personnel required for the procedure should be in theatre. It is recognised that there are times when students, visiting clinical staff and company representatives etc. are required to be in theatre. On those occasions there should be no more than 2 at any one time. Also, movement in and out of theatre must be kept to a minimum

If personal items are taken into the clinical areas e.g., bags, they must be stored in the cupboards within the anaesthetic room if available,

Staff should address members of the theatre team by their appropriate title unless invited to do otherwise, especially in front of awake patients.

If it is necessary to speak to a member of the surgical team during an operative procedure, it is essential that clinical and professional judgement is used to ensure that the staff member does not interrupt at a clinically inappropriate point. Staff entering the theatre who wish to speak to the surgical team must check first with theatre staff that it is clinically appropriate to interrupt.

Communication between team members in the clinical area must be in English

Unnecessary conversations and distractions must be kept to a minimum during the operative procedure.

If music is played in theatre, it must be turned off at safety critical times i.e., Time Out, Sign Out, counts or at any other time where a clinician or staff member requests this to aid concentration at

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a critical point in the procedure. The volume of music should be kept to a level that is comfortable for the whole theatre team

1. It is the responsibility of all clinicians and theatre staff to challenge inappropriate behaviour and to speak up if they are concerned an error might occur.
2. If a member of staff raises a concern regarding patient safety, irrespective of their role in the theatre team, their suggestion should be considered. Team members should utilise HALT (appendix 1) to raise any safety concerns.

The use of mobile phones is restricted to activity directly relevant to patient care. Mobile phones should not be used for speaking, texting, photography or social media etc. in the clinical area, but may be used in exceptional circumstance to contact family members or for personal emergencies.

Within the clinical area, mobile phones not required for patient care must be kept on silent mode or switched off.

If clinicians who are scrubbed are required to be contactable by either phone or bleep they should inform the senior nurse in the theatre who will nominate someone to monitor and answer the phone/bleep

3. Staff must be familiar with and adhere to all existing theatre policies/protocols/SOPs.
4. Staff must ensure that entitlement to lunch and breaks is not exceeded. The afternoon tea break is discretionary and will be granted, when possible, by the theatre team manager.
5. Telephones should be answered giving name and role, identifying the department.
6. There are periods during surgery where it may be necessary for some of the scrubbed operating team to leave the operating table such as for:
 1. Comfort break
 2. Rehydration and nutrition
 3. Rest
 4. Communication with relatives

These are commonly during long cases involving patient cooling and rewarming on bypass or following a long cross clamp time when the heart needs a period of reperfusion. Additional examples maybe when prolonged periods of packing are required for haemostasis or long periods of time are required to achieve a therapeutic ACT.

Preoperative, intraoperative, and postoperative theatre scenarios all carry different risk when a patient is left unsupervised by a partial or substitute team. The issue is particularly acute when a patient is on bypass.

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In an ideal world an entire and fully capable team should attend the patient at all times. This is not pragmatic when substitute teams are unavailable and especially through the night. The risks to the patient needs to be balanced against the needs of the surgical scrub team who may have been scrubbed for very prolonged periods and need a break to ensure performance at the highest level.

In all but the most extreme of circumstances it is mandated that a qualified scrub nurse is always substituted with a qualified scrub nurse. The consultant surgeon may be substituted with a Middle Grade Surgeon providing there is stability in the patient and clear instructions are given of any issues and contingency plans. In extreme circumstances a surgical care practitioner may be left at the table alone for brief periods. No patient should every be left entirely unattended by the surgical team.

Surgeons should make every effort not to leave the theatre/CCA complex in these circumstances, especially when the patient is on bypass, and should leave clear instructions on their whereabouts and contact details.

A consultant surgeon should be readily contactable from theatre/CCA/wards and offices when a junior surgeon is performing a sternotomy and harvesting conduit or during routine closure of a stable patients. The consultant surgeon should be in the room for Team brief but Time Out may be delegated to a Middle Grade Surgeon.

For senior Middle Grade Doctors and Fellows who are performing independent cases, appropriate cover is mandated according to their experience, and the supervising consultant should be readily available within the Trust

Anaesthetists

There will be occasions when anaesthetists are unable to take a planned comfort break during a busy list. In such situations, the following principles should be followed:

1. Ensure that the break is taken during an appropriate stage of surgery / procedure. For example, during a stable stage on cardiopulmonary bypass.
2. Inform the team in theatre, namely the operating surgeon and perfusionist.
3. Hand over essential clinical information to the anaesthetic support team.
4. Provide clear contact details, ideally a mobile phone number or extension line.
5. The anaesthetist must be immediately contactable at all times when away from theatre. They should be able to return to theatre without any delays.
6. If required to be away from the theatre for longer than a comfort break, care of the patient should be handed over to a medically trained practitioner such as another Consultant or anaesthetic trainee.

3. Protocol Implementation Plan

The Associate Medical Director for Surgery will be responsible for communicating this protocol to all clinicians and for monitoring adherence. The Theatre Matron is responsible for ensuring all

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nursing/operating department practitioners and support staff are aware of this protocol and for monitoring adherence.

This protocol will be displayed on the Trust intranet; all theatre staff have access in the clinical areas to this Intranet site. This protocol will be ratified by The Surgery Governance Committee.

4. Monitoring of Compliance

The Theatre Matron will audit compliance with this protocol as part of the annual audit plan. The audit results will report at Senior Theatre Staff Meetings and included as feedback to the wider MDT as part of the Theatre audit day programme.

5. References

Safer Care, Human Factors for Healthcare 2013

Standards and Recommendations for Safe Perioperative Practice, The Association for Perioperative Practice 2011

The Productive Operating Theatre, NHS Institute for Innovation and Improvement 2009

National Safety standards for Safer Surgery, NatSSips - NHS England patient Safety Domain, 2015

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6. Appendices

Have you noticed this?

Ask— did you hear my concern?

Let them know it is a **patient safety** issue

Tell them to **STOP** until it is agreed it is safe to continue



If a member of staff raises a concern regarding patient safety, irrespective of their role in the healthcare team, their suggestion should be considered.

The use of a challenge tool such as HALT is not just about protecting patient from harm, its is also about protecting each other from harm unnecessarily and the impact this could have upon careers.

Remember, if you see it, you should say it!

If you reach T and initiate a **STOP** moment...

This is intended to engage the team in a quick and simple discussion to ascertain that it is safe to continue.

A **STOP** is not a permanent barrier to implementing the element of care that raised the initial concern.



If you see me doing something you either don't understand or feel may be unsafe, then please let me know! At worst I can educate you as to why I have made this decision, at best you will prevent me from harming both the patient and my career'

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7. Endorsed By:

Name of Lead Clinician / Manager or Committee Chair	Position of Endorser or Name of Endorsing Committee	Date

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8. Record of Changes

Section No	Version No	Date of Change	Description of Amendment	Description of Deletion	Description of Addition	Reason

Uniform and Workwear

Policy

For completion by Author			
Author(s) Name and Title:	Kate Lambe Matron Surgery Claire Harvey Matron Medicine		
Scope:	Trust Wide	Classification:	Non-Clinical
Version Number:	4.0	Review Date:	09/09/2023
Replaces:	3.0		
To be read in conjunction with the following documents:	Theatre Etiquette Policy Infection Prevention and Control Standard		
Document for public display:	Yes		
Executive Lead	Sue Pemberton Director of Nursing and Quality		

For completion by Approving Committee			
Equality Impact Analysis Completed:		Yes	
Endorsement Completed:	Yes	Record of Changes	No
Authorised by:	Quality and Safety Experience Committee	Authorisation date:	09/09/2022

For completion by Document Control					
Unique ID No:	TC06(08)	Issue Status:	Approved	Issue Date:	04/10/2022
After this document is withdrawn from use it must be kept in archive for the lifetime of the Trust, plus 6 years.					
Archive:	Document Control		Date Added to Archive:		
Officer responsible for Archive:		IG and Document Control Facilitator			

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Document Statement

Liverpool Heart and Chest NHS Foundation Trust believe that the standard of dress and professional appearance presented by staff plays an important part in patient safety, public confidence and staff comfort. A consistent approach to the standards of work wear and wearing of uniforms enables colleagues, patients and the public to identify us with ease. Wearing appropriate work wear and uniform also meets the requirements of infection control and health and safety regulations.

This policy provides a work wear and uniform dress code relating to selecting, wearing and decontaminating uniforms or clothing worn at work and in clinical settings which will:

- Comply with infection control and health and safety regulations.
- Promote mobility and comfort of the wearer.
- Allow identification for security and communication purposes.
- Project a professional image.

This policy applies to all staff (including students, trainees and volunteers) working within the hospital and externally. It is divided into sections as follows:

Section 1 – Uniform dress code

Section 2 – Non- uniform work wear dress code

1. Roles and Responsibilities

Board of Directors

It is the responsibility of the Board of Directors to ensure systems and processes are in place to monitor and implement this procedural document.

Chief Executive

In line with the requirements of Governance, the Chief Executive carries ultimate responsibility for assuring the quality of the services provided by the Trust that is included within this Policy

Executive Directors

- The Director of Nursing is accountable to the Trust Board for compliance with the policy by Nursing AHP and Midwifery staff.
- The Medical Director is accountable to the Trust Board for compliance with the policy by medical staff.
- The Director of Nursing is accountable to the Trust Board for compliance with the policy by staff and for the appropriate provision of uniforms/ Trust clothing

Delegated Executive Lead

The Director of Nursing and Quality has been delegated by the Chief Executive to take the Executive ownership for this document.

General Managers

Divisional Head of Operations and Heads of Nursing and Quality are responsible for the compliance with the policy by all staff members including students and visitors to clinical areas within their Division.

Chief Operating Officer

The Associate Director, Estates and Facilities has budgetary control for the supply of uniforms. The allocation and provision of uniforms is undertaken, in liaison with the Heads of Departments.

Ward and Departmental Managers

Ward Managers / Departmental Managers are responsible for compliance by all staff members including students and visitors to clinical areas within their areas of responsibility.

All Staff

All staffs are expected to comply with this document. If for any reason a deviation occurs this should be alerted to their manager/supervisor.

2. Procedure

2.1 Uniform Dress Code

- **Uniform should be bare below the elbows in clinical areas at all times.**

UNIFORM:

- Uniform should be of an appropriate fit.
- Uniform should be clean and crease free – if a uniform is soiled it should be changed as soon as possible.
- Uniform should be maintained by the wearer and be in a good state of repair.
- Uniform dresses should be worn at knee length or just below knee.
- scrubs are worn outside the theatre / complex for reasons previously mentioned, they must be changed on return to theatre. Hats and masks **MUST** be removed when leaving theatre.
- Uniforms should be removed at the end of a shift prior to travelling home or should be completely covered by a coat.
- Outer garments such as cardigans/jumpers and fleeces should only be worn out of clinical areas.
- It is acceptable for staff working outside of the hospital in the community traveling to patients' homes or between clinics; to wear uniform while travelling, however this does not apply outside of these visits/clinics and as far as is reasonably practicable.

BADGES:

- ID badges issued by the Trust must be worn and be visible at all times where possible. This is for security and communication purposes.
- A maximum of two badges (e.g. trade union / professional badge) per uniform may be worn but must be positioned carefully to minimise risk to patients.

FOOTWEAR:

- Should be black shoes and should be supportive and a full shoe style.
- Have a low heel <5cms.
- Have a suitable grip.
- Not generate excessive noise.
- Crocs, sandals and flip flops are not permitted.
- Theatre clogs must not be worn outside of theatre
- Trainers may be worn with uniform trousers provided they are entirely black with no visible logo.

HOSIERY

- When wearing uniform dresses tights/stockings should be worn and should be skin tone or black with no patterns or designs.
- Exceptions to tights/stockings can be made in warm weather conditions with permission from their manager/supervisor.

- Staff wearing trousers should wear plain dark socks.

HAIR:

- Hair must be clean, neat and off the collar.
- Long hair must be tied back off the collar using plain hair accessories.
- Minimal hair clips/ bands should be worn and should be plain.
- Staff who for cultural/religious purposes wear a head scarf, must ensure it is clean and tidy.

JEWELLERY:

- Rings – one plain band can be worn – rings with stones must be removed.
- Chains – no visible chains, ankle chains, no bracelets. Medi alert chains must be discussed with line manager and Occupational Health.
- Earrings –one plain stud per ear no stones or designs on the stud.
- Piercings – all visible piercings must be removed, including (but not exclusively): nose, tongue, lip, eyebrow, extra ear piercings.

WATCHES:

- Fob watches are permitted
- Wristwatches are not permitted in clinical areas.

OTHER:

- Belts and buckles should not be worn.
- Pens/scissors should be kept to a minimum and positioned carefully to avoid risk to patients.

TATTOOS:

- Visible tattoos should be kept to a minimum and covered with a waterproof dressing if deemed to be offensive to others. Discussion with manager / supervisor may be required.

FINGERNAILS:

- Nails must be kept short and clean.
- False nails, acrylic/shellac nails or nail extensions are not permitted
- Nail gems or nail jewellery are not permitted.
- Nail varnish, including clear nail varnish are not permitted.

MAKE-UP:

- Should be kept to a minimum.
- No false eyelashes.

HOT WEATHER ADVICE

During periods of hot weather, tights do not need to be worn and staff are permitted to wear a white polo shirt where appropriate.

Specific requirements for staff working in a theatre environment

Please refer to Theatre Etiquette policy for updated Operating department guidance.

All staff that work in the Cath Lab must follow the regulations set out in this policy. The intention of the uniform policy is to ensure health and safety standards are met and that the risk of cross infection is minimised.

Staff in the Cath Lab should wear the appropriate personal protective clothing.

Identity badges must be worn at all times.

The wearing of a hat and mask is only relevant in certain cases (open procedures or intravascular lines remaining in-situ i.e. Central line or IABP). Disposable hats and masks are available.

2.2 Non- Uniform work wear

Clothes should be appropriate for a working environment – e.g. business style. Clothing should portray a smart professional image and should be an appropriate fit.

The following are not permitted:

Ripped jeans

Cropped tops showing midriff

Very short skirts

Strapless or revealing tops

When working in clinical areas:

- **Workwear should be bare below the elbows in clinical areas at all times.**
- Short sleeves or sleeves rolled up above the elbow.
- Ties must reflect a professional image and be removed or tucked in when in clinical areas.
- Staff must wear appropriate personal protective equipment (PPE) when carrying out patient care/treatment e.g. aprons / gloves/ masks / safety goggles.
- Outer garments such as cardigans/jumpers and fleeces should only be worn outside of clinical areas
- No bags or handbags should be worn by clinical staff when near the patient's bedside/on ward round.

BADGES:

- ID badges issued by the Trust must be worn and be visible at all times where possible. This is for security and communication purposes.
- A maximum of two badges (e.g. trade union / professional badge) are permitted.
- Lanyard must have a safety clasp with a quick release.
- Lanyards must be kept clean and unsoiled

FOOTWEAR:

In clinical areas:

- Should be supportive and a full shoe style in clinical areas.
- Have a low heel <5cms.
- Have a suitable grip.
- Not generate excessive noise.
- Crocs, sandals and flip flops are not permitted.

In non-clinical areas:

- Should portray a professional image
- Should be supportive and have a suitable grip
- Not generate excessive noise
- Have a low heel – not over 3 inches
- Crocs and flip flops are not permitted

- Safety toe shoes to be worn in designated areas.

HAIR:

- Hair must be clean, neat and tidy and maintain a professional image. In clinical areas long hair must be tied back off the collar using plain hair accessories.
- Staff who for cultural/religious purposes wear a head scarf must ensure it is clean and tidy

JEWELLERY & ACCESSORIES

In clinical areas:

- Rings – one plain band can be worn – rings with stones must be removed.
- Chains – no visible chains, ankle chains, no bracelets. Medi alert chains must be discussed with line manager and Occupational Health
- Earrings – if dealing with patients one plain stud per ear no stones or designs on the stud.
- Piercings – all visible piercings must be removed, including (but not exclusively): nose, tongue, lip, eyebrow, extra ear piercings
- Wristwatches are not permitted

TATTOOS:

- Visible tattoos should be kept to a minimum and covered with a waterproof dressing if deemed to be offensive to others by the line manager

FINGERNAILS:

In clinical areas:

- Nails must be kept short and clean
- False nails or nail extensions are not permitted
- Nail gems or nail jewellery are not permitted
- Nail varnish, including clear nail varnish is not permitted

MAKE-UP:

- Should be kept to a minimum

3. Laundering of Uniforms/Work Wear

All elements of the washing process contribute to the removal of micro-organisms on fabric. Detergents (washing powder or liquid) and agitation release any soiling from the clothes, which is then removed by sheer volume of water during rinsing. Temperature also plays a part. Scientific observations and tests, literature reviews and expert opinion suggest that:

- there is little effective difference between domestic and commercial laundering in terms of removing micro-organisms from uniforms and work wear;
- washing with detergents at 30°C will remove most gram positive micro-organisms, including all Methicillin-resistant *Staphylococcus aureus* (MRSA)
- a 10-minute wash at 60°C is sufficient to remove almost all micro-organisms.

In tests, only 0.1% of any *Clostridium difficile* spores remained. Microbiologists carrying out the research advise that this level of contamination on uniforms and work wear is not a cause for concern.

The appropriate use of personal protective equipment (PPE) will protect staff uniform from contamination in most circumstances.

When laundering uniforms at home, staff are advised to wash it separately from other household laundry at the hottest temperature the material will allow, then ironed or tumbled-dried.

Disposable plastic bags can be used to transport uniforms home if there are any concerns regarding infection risk. This bag should be disposed of into the household waste stream if there are any concerns regarding infection risk.

Scrub Suits (provided by the Laundry Contractor) must be sent for laundering via the external Laundry Contractor.

4. Policy Implementation Plan

This Policy will be ratified by the Infection Prevention Committee and be discussed at individual Divisional Governance Committees.

This policy will be available on the intranet

5. Monitoring of Compliance

Ward/Departmental Managers are responsible to ensure this policy is implemented within their areas of responsibility. Failure to follow this policy may be subject to the Trusts disciplinary procedure.

6. References

Uniforms and work wear: Guidance on uniform and work wear policies for NHS employers (2020), Department of Health

COVID-19: Guidance for infection prevention and control in healthcare setting. Version 1.0 2020

7. Glossary of Terms

Uniform - relates to clothing that is provided by the Trust to be worn at work.

Work wear - relates to clothes that are worn by staff in the workplace

Lanyard – cord or strap used around the neck to display ID badge

PPE – personal protective equipment - For the purposes of this guideline, the PPE described, includes: gloves, aprons/gowns, face, mouth/eye protection, e.g. masks/ goggles/ visors

8. Endorsed By:

Name of Lead Clinician / Manager or Committee Chair	Position of Endorser or Name of Endorsing Committee	Date

9. Record of Changes

Section No	Version No	Date of Change	Description of Amendment	Description of Deletion	Description of Addition	Reason