



OPERATIONAL POLICY & PROCEDURE (Ops Policy No 17)

UNIFORM POLICY

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1. PURPOSE

- 1.1 To ensure that staff wear uniform in a way to minimise the spread of infection; comply with health and safety requirements and present a professional image.
- 1.2 To ensure that there is consistent practice across the Trust and that all operational managers and staff have a single source of reference for the standards set by SCAS for the wearing of uniform.
- 1.3 To clarify the responsibilities of individual staff and managers within Operations (inclusive of EOC and NHS 111 staff) in relation to operational uniform and associated PPE.

2. SCOPE

- 2.1 This policy applies to all uniformed employees of SCAS. Non uniformed employees may be issued South Central Ambulance Fleece jackets which will be marked with the Trusts name only.

3. OPERATIONAL UNIFORM POLICY – GENERAL POINTS

- 3.1 All operational staff are expected to be in possession of a full set of uniform – see Appendix 1 for the standard allocation of uniform tables for each operational job role.
- 3.2 A uniform is provided by the Trust as a means of easy identification and to present a professional image.
- 3.3 All uniformed staff are expected to maintain their uniforms in accordance with this policy.
- 3.4 Each uniform wearer is allocated a number of uniform items, which will differ according to the standard allocation (see Appendix 1) agreed as part of this policy.
- 3.5 **Exceptions:** on medical grounds, and/or in accordance with specific religious beliefs, modified uniform may be requested. All such requests will be considered sympathetically on their merits (see section 4.10, below).
- 3.6 **Off-duty:** Staff wishing to travel to and from work in uniform must ensure that Trust insignia and/or uniform markings are not visible. The uniform must not be worn for any unauthorised activities outside of the employment of the Trust.
- 3.7 **During Training:** uniform should be worn unless it is agreed with the Education Department that this is not a requirement for part or all of the course.
- 3.8 **Non-operational duties and outside visits:** Trust staff undertaking official Trust business in the form of non-operational duties and visits to outside agencies, organisations and premises may be required to wear their operational uniform including high visibility garments. They should seek clarification from their line manager as necessary.
- 3.9 **Ownership:** (see Section 11) all issued items of uniform remain the property of the South Central Ambulance Service NHS Foundation Trust at all times.
 - 3.9.1 When operational staff leave the Trust it is their responsibility to ensure all uniform items, outfit and PPE are returned to their line manager. Failure to return a full set of issued uniform will result in the costs being deducted from final pay.
 - 3.9.2 Due to potential security implications, staff must not give items of uniform to third parties (including other staff member - when they leave the organisation), dispose of in domestic/industrial refuse or sell in car boot sales, markets, etc, or via online auction sites such as eBay. All uniform needs to be returned to Procurement.

3.9.3 Disciplinary action will be taken against any member of staff who contravenes 3.9.2. Staff are encouraged to report any instances of SCAS/NHS uniform being worn by non SCAS staff or sold/advertised.

3.9.4 SCAS uniform must only be worn when undertaking SCAS work and must not be worn when undertaking private work.

4. OPERATIONAL UNIFORM POLICY – SPECIFIC POINTS

4.1 Shirts

4.1.1 Shirts must be buttoned and tucked into waistbands at all times.

4.2 T-shirts

4.2.1 T shirts must be worn under such circumstances that require “full uniform”. Examples would include when staff are formally representing SCAS at an external meeting and other “formal” occasions. To this end, staff must always (whilst on duty) have access to a clean, serviceable T shirt.

4.2.2 SCAS provides white T-shirts for staff to wear under their uniform shirt and no other colour may be worn.

4.2.3 Trust-provided T-shirts are made of breathable fabric (not 100% cotton), so staff may prefer to provide their own WHITE cotton T shirts, which they can wear as an alternative.

4.2.4 Wearing of T-shirts during normal operational shifts will remain optional.

4.2.5 It is a requirement that staff always present a professional image to the public and patients and must not cause offence as a result of their “dress”. This must be properly considered by all staff, prior to deciding not to wear an T shirt.

4.3 Footwear

4.3.1 Only approved Trust footwear is to be worn.

4.3.2 The Trust will provide all operational staff with protective footwear as part of their standard issue PPE and as part of their uniform.

4.3.3 Where it is not possible for an individual to wear these standard issue boots for a medical reason, following advice of a medical professional the staff member will be referred for a consultation with the Trust’s Occupational Health Provider. Following consultation with the Trusts Occupational Health Provider the service will look to find a suitable alternative which is in line with the Trusts current standard costings.

4.3.4 Non-operational uniformed staff who are not issued with Trust footwear as part of their standard Trust issue uniform, are expected to wear black shoes.

4.3.5 Socks should be plain black.

4.4 Epaulettes

4.4.1 All garments to have epaulettes including shirts, soft shell/fleece and the RTC jacket.

4.4.2 Staff will be issued with epaulettes showing their grade or rank as below:

Paramedics/Techs/AAPs/SP’s/HCP’s/Ambulance Nurses/EOC
staff – Green
PTS/ECA’s – Blue

Students – Pale Blue

- 4.5 If hair bands or decorations are worn they must be in keeping with the operational uniform.
- 4.6 **Cold Weather Protection:** during periods of cold weather (normally 1 November to 1 March), staff may wear the following items:
- 4.6.1 **Hat:** a plain black, navy blue or dark green hat of “watch cap” style, either knitted or of fleece-type material. Beyond the word “Ambulance” or a SCAS crest, no markings or badges are permitted. These can be requested from uniform procurement if required
- 4.6.2 **Scarf:** a plain black, navy blue or dark green scarf may be worn. No markings or badges are permitted. These are not supplied by SCAS
- 4.6.3 **Gloves:** plain black, navy blue or dark green gloves may be worn. These are not supplied by SCAS.
- 4.6.4 **Warm Weather Protection:** during periods of warm weather staff are permitted to wear a baseball style cap in plain black, navy blue or dark green. No markings or badges are permitted other than “Ambulance” or a SCAS crest. These are not supplied by SCAS
- 4.7 **Clean Uniforms**
- 4.7.1 Uniform including boots must be kept clean, pressed and neatly presented at all times. However, it is recognised that, from time to time, operational demands may limit or prevent this.
- 4.7.2 If operational staff need to change an item of uniform due to soiling, etc, they should put in a request to EOC to authorise a return to their base station to change it as soon as practicable, unless they have a spare garment with them on the vehicle. If staff cannot replace uniform at work then they may need to be returned home to change.
- 4.7.3 Operational staff should keep a spare, clean, and presentable uniform in a secure place at their designated station base.
- 4.8 **Alterations**
- 4.8.1 Items of uniform issued to staff must not be altered in any manner except size.
- 4.8.2 It is not permitted to alter PPE clothing in any manner; if a different size is required this should be requested in the normal way.
- 4.9 **Markings**
- 4.9.1 Job title markings will be worn on the uniform as appropriate to the garment, in the form of epaulettes and an ID badge.
- 4.9.2 Official awards, medal ribbons, orders and decorations may only be worn and displayed in the appropriate position and at the appropriate time/occasion.
- 4.9.3 No other badges will be worn except a recognised Trade Union badge of office when the Union Representative is not deployed in a patient facing role.
- 4.9.4 The Trust recognises that there are commemorative events, such as Remembrance Day where it is seen to be appropriate for emblems (not metal) to be worn. On these such occasions, it will be agreed that the Trust will relax the uniform policy in consideration of these events, for a period no greater than 2weeks. However, if the

emblem becomes soiled or poses a risk, it must be removed from the uniform and may be replaced at no cost to the Trust.

4.10 **Exceptions on grounds of Religious Beliefs**

4.10.1 A member of staff may identify a need to wear different or modified items of uniform in order to comply with their religious beliefs.

4.10.2 Head coverings required to be worn, due to religious beliefs, should be in a plain green colour, as near to Trust corporate green as possible. Headscarves should be securely fastened with no trailing ends and should not cover the face.

4.11 **Exceptions on Medical Grounds**

4.11.1 Certain medical or other conditions may result in an individual requiring modified uniform.

4.11.2 Occupational Health must confirm that there is a need to issue non-standard items: if such confirmation is not provided, the individual will be informed and only standard allocation items will be issued.

5. **NHS 111 STAFF**

5.1 **Purpose /Introduction**

5.1.1 To provide uniform guidelines for NHS 111 staff.

5.1.2 To ensure that NHS staff wear appropriate uniform to comply with health and safety requirements and to present a professional image at all times.

5.2 **General Points**

5.2.1 The required uniform for NHS 111 staff is a polo shirt which comes in four colours. The polo shirt should be worn at all times whilst NHS 111 staff are on an operational shift.

5.2.2 It is a requirement that all team leaders and shift managers will wear the same coloured shirts, but will display a badge with their job title with their uniform. There are also badges for coaches as well.

5.2.3 This uniform will be issued to all SCAS contracted NHS 111 staff.

5.3 **Dress Code**

5.3.1 The Trust will only provide polo shirts for staff to wear. In addition to wearing these polo shirts staff are asked to wear dark trousers/skirt with their polo shirt and staff must wear dark shoes.

5.3.2 No jeans are allowed to be worn in the contact centre. If staff need to wear additional clothing due to variances in temperature then a white t-shirt may be worn under the polo shirt or a black or navy jumper/cardigan may be worn.

5.3.3 Staff must wear appropriate footwear at all times

5.3.4 Staff should cover up the polo shirt outside of the work environment, including travelling to and from work.

5.4 **Uniform Issue**

5.4.1 Given the environment that NHS 111 operate in, the guidelines for issuing uniform are:

Full-time staff (37.5 hours) 3 polo shirts

Part-time staff (up to 37.5 hours) 2 polo shirts

Staff may request further polo shirts via their Head of NHS 111, if they feel they require a greater number

6. PPE & SAFETY

- 6.1 For detailed guidance around the wearing of PPE items operational staff should refer to the Trust's PPE policy (Health & Safety Policy & Procedure Appendix (H), paragraphs 13-15)
- 6.2 Some items of uniform also serve as Personal Protective Equipment (PPE) and correct PPE must be issued and worn whenever appropriate, regardless of employment status.
- 6.3 When on duty, staff will only wear uniform and PPE that has been issued by the Trust and that complies with this policy and any other relevant Health and Safety instructions/policies relating to PPE. The exception to this will be the wearing of additional PPE not supplied by the trust as stated in 4.6.
- 6.4 Operational staff who are normally issued with PPE must ensure that they possess a full set of those items which are currently issued and have them readily available to wear. This includes Trust-issued footwear, particularly PPE-related boots or shoes.
- 6.5 Safety helmets approved for use and issued by the Trust to staff must be worn where staff safety is at risk and in particular in the following situations:
- Major incidents
 - Railway incidents
 - Fire calls
 - Incidents on motorways and major roads or where staff are at risk from moving vehicles and or flying debris
 - All Road traffic collisions/accidents (RTCs) especially where the patient is trapped and the Fire Service have been asked to effect a rescue
 - Incidents on building sites and other industrial complexes
 - Places where there is a requirement to comply with Health and Safety notices and policies.
 - When instructed to do so.

NB. This list is not exhaustive

- 6.6 Scissors must not be carried in breast or sleeve pockets as they may cause harm when moving patients. Such items should be carried away from possible direct patient contact to prevent harm or cross-contamination/ infection.
- 6.7 Operational staff who wear corrective spectacles which react to light are reminded of the potential dangers related to those lenses (particularly how slowly they change back from dark to light), especially when driving service vehicles.

7. INFECTION CONTROL AND HYGIENE

- 7.1 In the interest of infection control best practice, Operational Clinical staff must undertake the following prior to, during and following each shift:
- Operational clinical staff should change into a clean uniform at the start of each shift. It is accepted that trousers may not require to be changed every shift but should be changed regularly or when soiled
 - Once off duty, operational clinical staff should change into "home" clothes as soon as possible – ideally before leaving their station or workplace
- 7.2 The responsibility for uniform laundering rests with the individual member of operational staff. Uniforms or other work clothes should be washed as soon as

possible after they have been worn and in accordance with the care label instructions – preferably on as hot a wash as the fabric will tolerate.

7.3 On occasions, uniforms may be exposed to body fluids. This should be avoided as far as possible by the use of PPE, including disposable aprons. For cases where extensive soiling or contamination is foreseeable, a disposable coverall should be worn as an outer garment, in addition to any other PPE items necessary. After use, the suit should be disposed of as clinical waste and the uniform checked to ensure it has been fully protected.

7.4 If, despite all efforts, contamination of the uniform occurs, arrangements should be made for the crew to return to base for a shower to remove any skin contamination and a uniform change. Heavily contaminated uniform may have to be disposed of as clinical waste in the absence of local laundry facilities and replacements requested as per Trust procedure. Staff may need to be sent home to achieve this.

7.5 Hi-Visibility Reflective clothing should be wiped over with disposable detergent wipes as regularly as required and following any contamination. Periodic washing using manufacturer's instructions will ensure the clothing is kept in serviceable condition.

7.6 **Personal Hygiene:** it is essential for all operational clinical staff to maintain the highest standards of personal hygiene.

7.6.1 **Hand** hygiene is paramount, and accidental contact of clothes or medical alert bracelets with patients is to be avoided. They must be clean at all times; finger nails must be kept clean and cut to a length which will not damage medical examination gloves or risk causing injury to a patient. No nail varnish, nail extensions, false nails or any other type of hand decoration is permitted under infection control best practice guidance.

7.6.2 **Hair:** Long hair must be secured and retained in a fashion that does not compromise the safe delivery of patient care or impede the effective use of service approved safety helmets.

7.6.3 **Beards** should be kept neat and tidy at all times.

7.7 **Jewellery and Body Piercing**

7.7.1 The uniform and workwear policy guidance issued by the Department of Health (DH) recommends that excessive jewellery, including necklaces, visible piercings and multiple earrings should **not** be worn by NHS staff undertaking duties that bring them into contact with patients and members of the public. This is because it does not support a professional image and may be hazardous; eg, hoop earrings and necklaces could be inadvertently pulled or grabbed by confused patients injuring the wearer or their patient.

7.8 Jewellery and watches can harbour micro-organisms and make effective hand hygiene more difficult, therefore:

7.8.1 Necklaces, bracelets, bands and bangles may not be worn on duty unless religious or medical exclusions apply. In the unlikely event that these override health and safety, this must be agreed between the employee, line manager and – if for medical reasons – Occupational Health.

7.8.2 The responsibility for damage/repair to or replacement of jewellery that operational staff choose to wear on duty lies solely with that member of staff and is not the Trust's responsibility.

7.8.3 Patient-facing operational staff may wear:

- A single wrist watch with a washable strap;
- a maximum of one single wedding band/ring at any one time;
- discreet studs or small sleepers (no more than 1cm in diameter), which must be restricted to one in each ear.

7.9 **Facial Piercings:** some patients consider visible piercings to be upsetting or disconcerting so these are not considered appropriate for uniformed staff who come into contact with patients/ the public. Therefore, for the purposes of presenting a professional image, when carrying out a public role, the following applies:

7.9.1 The following piercing is allowed:

- Earrings – maximum of one in each ear.

7.9.2 These are not allowed:

- Eyebrow studs or rings
- Lip studs or rings
- Cheek studs or ring
- Nose studs or rings

7.9.3 A plain (neutral or transparent in colour) keeper may be worn if required to prevent a piercing from closing.

8. SUNGLASSES, MAKE-UP AND BODY MARKINGS

8.1 **Sunglasses** may be worn by operational staff when appropriate. Staff must completely remove sunglasses when dealing directly with patients as they can act as a barrier to eye contact and thus inhibit effective communication. The exception to this would be if staff would be exposed to harmful UV light if they are in direct sunlight. Staff should use their own judgement as to whether wearing sunglasses are essential.

8.2 **Make-up** must be kept to a minimum and only muted lipstick colours are permissible.

8.3 Bona fide religious symbols permanently marked onto the skin will be respected by the Trust as long as they do not compromise health and safety requirements or contravene infection control best practice guidance.

8.4 **Tattoos** whether visible or otherwise - should not "undermine the dignity and values of SCAS, cause offence to members of the public or colleagues and/or invite provocation" or "indicate unacceptable attitudes towards any individual or section of the community".

9. TRUST IDENTITY CARDS (ID)

9.1 All staff must carry a current SCAS identity card, which must be readily available to provide confirmation of both identity and that they are a member of the Trust's staff.

10. UNIFORM REPLACEMENT PROCEDURE – (FAIR WEAR & TEAR POLICY)

10.1 The Operational Uniform Replacement Procedure identifies the process that must be followed by staff and their line managers to obtain replacement uniform items.

10.2 Follow flowchart in Appendix 2.

10.3 If any operational staff require replacement uniform items after they have received their initial uniform allocation they must follow the uniform item replacement procedure. This procedure enables staff to request replacement of uniform items from their line manager under the following circumstances:

- The item is unsuitable for use or wearing as it no longer allows the operation staff member to comply with the Trust's uniform policy and/or current health and safety legislation
- External garments do not provide adequate protection against adverse weather
- The item is beyond economic repair
- The item is so soiled it cannot be laundered successfully and should be disposed of in line with the Trust's policy on Infection Prevention and Control Procedures
- The item has been lost or stolen.

10.4 In the event of items of uniform being stolen, it is the responsibility of the member of staff to complete Datix so that the loss can be reported to the CFSMS.

10.5 If an item of uniform is deemed by the staff member to require replacement under the terms of the Trust's Wear and Tear Policy, they must provide the item to his/her line manager for approval or a replacement, unless it is unavailable due to the following:

- It has been disposed of already under the Trust's policy on Infection Prevention and Control Procedures as clinical waste
- Loss, theft or other reason.

10.6 It is the line manager's responsibility to follow the Fair Wear and Tear policy when assessing their staff's request for replacement uniform items and for the decision whether or not to authorise a replacement.

11. RESPONSIBILITIES

11.1 The responsibility for ensuring that the policy is enforced lies with the **Trust Board** and the **Chief Executive**.

11.2 The **Operations Director** is responsible for overseeing the policy on a day-to-day basis.

11.3 **Procurement** will ensure appropriate resources, facilities and associated supplies for staff to effectively adhere to this policy are available and maintained.

11.4 All **Executives, Managers, Clinical Managers and Supervisors** are responsible for ensuring that this policy is being routinely applied by all uniformed staff and that suitable and necessary facilities to support this policy are readily available in all Trust settings.

12. MONITORING

12.1 All Managers and Supervisors are responsible for monitoring compliance to ensure that this policy is adhered to.

12.2 Monitoring compliance on a day-to-day basis will be undertaken by Operational Managers, Clinical Managers and Supervisors by observing staff during duty hours. Remedial action for non-compliance should be part of a personal development plan.

12.3 The compliance against this policy will be monitored within the Trust via a variety of audits – these are identified in the table below:

13. AUDIT AND REVIEW

13.1 This policy will be reviewed annually by the Trust's Management Team and Staff Side Representatives

13.2 Procurement team will audit and review the policy to ensure that the recommendations and standards are adhered to.

14. RELATED POLICIES

14.1 Please read this policy in conjunction with the following:

- Personal Protective Equipment (PPE) Policy
- Infection Control Policy
- Hand Hygiene and Care Policy
- Infection Control Guidance and Procedures

15. REFERENCES

- Department of Health (2006), The Health Act 2006 (rev. 2008): Code of Practice for the prevention and control of healthcare associated infections. London; DH
- Department of Health (2007) Uniforms and Workwear; an evidence base for developing local policy. London: DH
- Department of Health (2007) Saving Lives: reducing infection, delivering clean and safe care. London: DH
- Health and Safety Executive (IDNG174 rev 08/05) A short guide to the Personal Protective Equipment at Work Regulations 1992. Suffolk: HSE books
- Health and Safety Executive (2005) COSHH a brief guide to regulations: What you need to know about the Control of Substances Hazardous to Health Regulations 2002. Suffolk: HSE books,
- National evidence-based guidelines for preventing healthcare-associated infections in NHS hospitals in England. Journal of Hospital Infection, 65pp. S1-S64. Elsevier, Science Direct: Pratt, R. Pellow, C. Wilson, J. Loveday, H. et al (2007) epic2
- The Health and Safety at Work etc Act 1974 sections 2 and 3. Safety at Work Regulations 1999 (Management Regulations), that extend the cover to patients and others affected by microbiological infections, and include control of infection measures.
- 'Securing Health Together', the Health and Safety Executive (HSE) long term strategy for occupational health, which commits HSE/ Health and Safety Commission and their fellow signatories (including the Department of Health) to a 20 percent reduction in ill health caused by work activity by 2010.
- Health Act 2006 Code of Practice, Duty 4 to maintain a clean and appropriate environment includes at section (g) that the supply and provision of linen and laundry reflects Health Service Guidance HSG95 (18), as revised from time to time and at section (h) that clothing (including uniforms) worn by staff when carrying out their duties is clean and fit for purpose.

Appendix 1

Standard allocation of uniform tables by operational job role

A&E Frontline Staff	Full Time (over 20 hours)	Part-Time +Bank Workers
Shirts	5	3
Epaulettes (standard issue)	3	3
T-shirts	5	3
Trousers	3	2
Belt	1	1
Soft Shell	1	1
Hi Vis Jacket (fair wear and tear)	1	1
PPE Safety Boots/Shoes (fair wear and tear)	1	1
PPE Safety Helmet (fair wear and tear)	1	1
Hi Vis Over Trousers (fair wear and tear)	Optional	Optional

PTS Staff	Full Time (over 20 hours)	Part-Time +Bank workers
Shirts	5	2
Epaulettes (standard issue)	3	3
T-shirts	5	2
Trousers	3	2
Belt	1	1
Hi Vis Jacket (fair wear and tear)	1	1
PPE Safety Boots/Shoes (fair wear and tear)	1	1

CCC Staff - 999	Full Time (over 20 hours)	Part-Time +Bank Workers
Shirts	3*	2
Epaulettes (standard issue)	2	2
T-shirts	3	2

Appendix 1

Trousers	2	2
Belt	1	1
Fleece	1	1

*For EOC staff additional uniform is available on request

CCC Staff - 111	Full Time (over 20 hours)	Part-Time +Bank Workers
Polo Shirts	3	2
Fleece	1	1



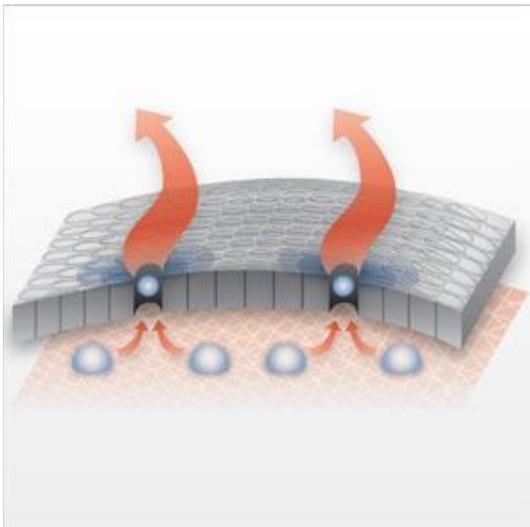
T-shirt Fabric

There have been some concerns raised by members of staff in regard to the new uniform, particularly the t-shirts being worn beneath the uniform.

This article will explain more about the purpose of this t-shirt and why it is beneficial for everyone to wear.

The t-shirt is made from a 'moisture management' fabric. This means it dries more quickly than a standard product. The fabric is composed of fibres which do not absorb much moisture. This is unlike cotton which can hold up to 25 times its weight in moisture and hence will take far longer to dry. For this reason, the new t-shirt is more appropriate for someone to wear with a higher rate of perspiration.

The 'open' structure of the t-shirt fabric also contributes to the effect because moisture is drawn from the body and stored in the gaps between the yarns. From there the moisture disperses across a wider surface area which in turn promotes evaporation resulting in a garment which dries quicker.



The fabric used for the t-shirt does not absorb/store moisture like cotton but they do work harder to dry much quicker which will increase wearer comfort over a given period (especially in cold weather when perspiration condenses making the wearer cold).

The t-shirts also contain an anti-microbial treatment that kills the bacteria responsible for causing odour.

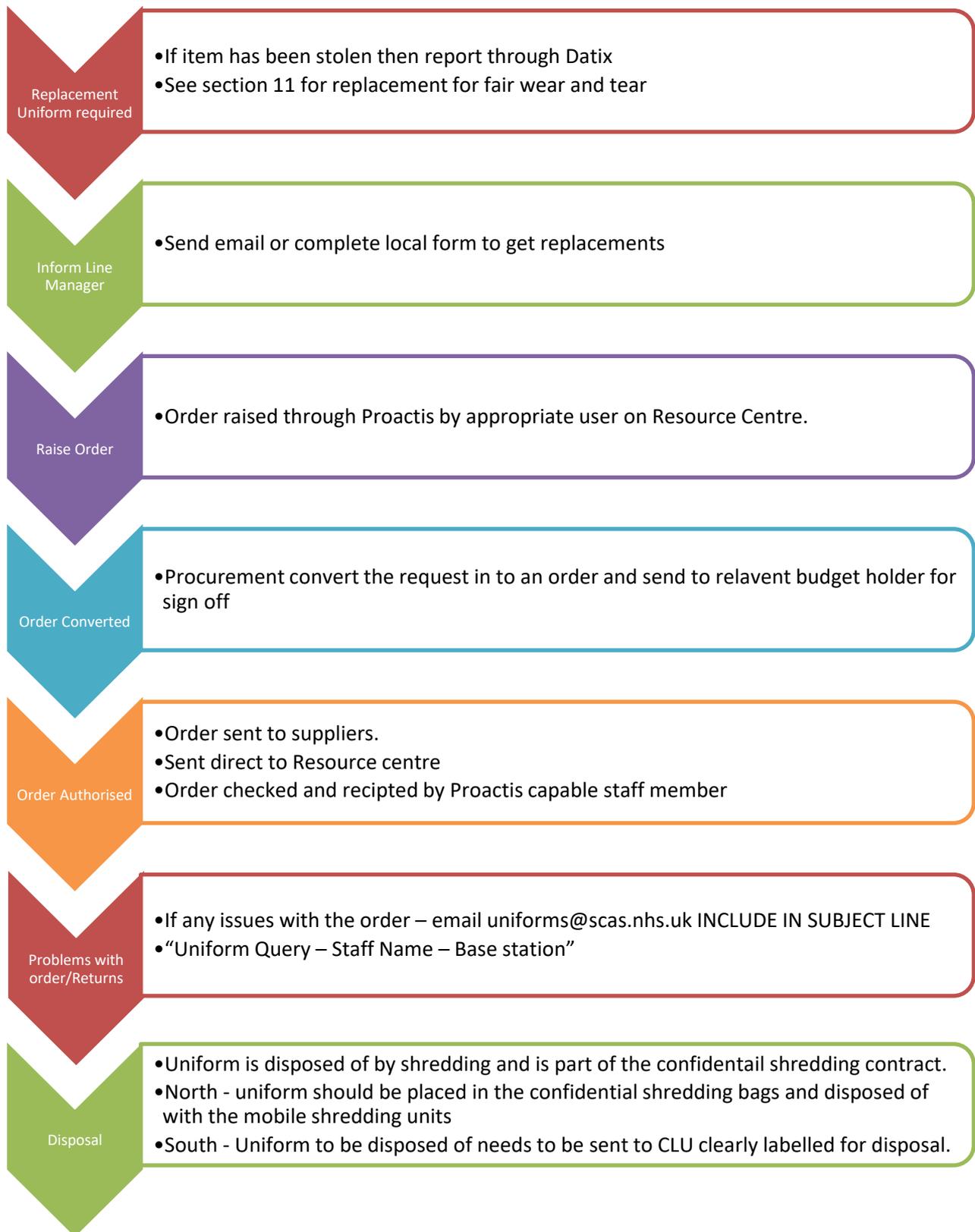
This type of fabric is often recommended for people struggling with excessive perspiration i.e. during the menopause, or hyperthyroidism / hypothyroidism (over or under active thyroid).

Individuals with eczema may also find the t-shirts beneficial as it keeps the skin cooler and drier.

If individuals are uncomfortable due to the layering effect of the t-shirt and uniform, a larger size could be explored to see if this is more comfortable and less restrictive.

If you have any other concerns, please discuss them with your line manager.

Operational Uniform Replacement Flowchart



Name of Function, Policy or Strategy: **Uniform Policy**

Officer completing assessment: **Dan Holliday**

Telephone: **01869 365000**

1.	What is the main purpose of the strategy, function or policy?
	To provide clear and consistent rules in relation to uniform use and maintenance thereof across SCAS.
2.	List the main activities of the function or policy (for strategies list the main policy areas)
	<ul style="list-style-type: none">• Explains what uniform consists of;• what is crucial in relation to Health & Safety;• and to PPE.
3.	Who will be the main beneficiaries of the strategy/function/policy?
	All uniformed staff and their managers.
1.	Use the table overleaf to indicate the following:- a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them? b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?

		Positive Impact – it could benefit	Negative Impact – it could disadvantage	Reasons
GENDER	Women	N/A	N/A	
	Men	N/A	N/A	
RACE	Asian or Asian British People	N/A	Yes	Possible language difficulties
	Black or Black British People	N/A	Yes	Possible language difficulties
	Chinese people and other people	N/A	Yes	Possible language difficulties
	People of Mixed Race	N/A	Yes	Possible language difficulties
	White (inc Irish) people	N/A	N/A	
	Disabled People	Yes	N/A	Not necessarily for registered disabled but opportunities provided (and process clarified) for wearing modified items of uniform if required by a medical condition.
	Lesbians, gay men & bisexuals	N/A	N/A	
	Transgender	N/A	N/A	
AGE	Older People (60+)	N/A	N/A	
	Younger People (17 to 25) and children	N/A	N/A	
	Faith Groups	Yes	N/A	Opportunities provided (and process clarified) for wearing modified items of uniform in line with faith requirements.
	Equal Opps and/or improved relations	N/A	N/A	Yes – ensuring that a fair and consistent process is followed for all Trust staff.

If the negative impact is possibly discriminatory and not

X intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

6(a). Could you minimise or remove any negative impact that is of low significance?
Explain how below:

Clear, simple language used. Line managers support and guide their staff to understand what has been written in the policy and the impact/effect it would have on them.

6(b). Could you improve the strategy, function or policy positive impact?
Explain how below:

By using clear and simple language.

7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How?

N/A

Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.

Signed:

Name: **Dan Holliday**

Date: 30/05/2018 **Equality Impact Assessment Form Section Two – Full Assessment**

Name of Function, Policy or Strategy: **Uniform Policy**

Officer completing assessment: **Dan Holliday**

Telephone: **01962 898102**

Part A

1. Looking back at section one of the EqIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

Gender

Race

Disability

Sexuality/Transgender

Age

Faith

2. Summarise the likely negative impacts:-

..... Difficulties with understanding relating to language problems and/or learning disabilities

..... No perceived issues relating to other groups; actively addresses some.

.....
.....

3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

Equality Target Groups	Summary of consultation planned or taken place
Gender	SCAS wide consultation on Policy
Race	SCAS wide consultation on Policy
Disability	SCAS wide consultation on Policy

Equality Target Groups	Summary of consultation planned or taken place
Sexuality/Transsexuality	SCAS wide consultation on Policy
Older People	SCAS wide consultation on Policy
Younger People	SCAS wide consultation on Policy
Faith	SCAS wide consultation on Policy

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

Policy reviewed through the Ops Policy Review Group between management and staffside leads

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.....

.....

5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

Equality Target Groups	Title/type of/details of research/report
Gender	N/A
Race	N/A
Disability	N/A
Sexuality/Transsexuality	N/A
Older People	N/A
Younger People	N/A

Equality Target Groups	Title/type of/details of research/report
Faith	N/A

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

Yes (Please list them and explain how you will obtain their views)

.....

.....

.....

No

Part B

Complete this section when consultation and research has been carried out

7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be a need to be any changes made/planned to the policy, strategy or function.

7b. As a result of this assessment and available evidence, is it important that the Trust commissions specific research on this issue or carries out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

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8. Will the changes planned ensure that negative impact is:

Legal?

(not discriminatory, under anti-discriminatory legislation)

Intended?

Low impact?

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes

No

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

Managers will monitor compliance with policy locally

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.....

.....

Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed:

Name: Dan Holliday

Date: 30/05/2018

