



London Ambulance Service **NHS**
NHS Trust

Uniform, Work Wear and Office Wear Policy

DOCUMENT PROFILE and CONTROL.

Purpose of the document:

To detail the specific requirements for the wearing of uniform and work wear whilst on or off duty, or when travelling to and from their place of duty or representing the Trust in an official capacity, so as to robustly guard the corporate and professional image of the Trust.

Sponsor Department: A&E Operations

Author/Reviewer: Chair, Uniform Working Group. v5.7 for review by March 2019.

Document Status: Final

| Amendment History | | | |
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| Date | *Version | Author/Contributor | Amendment Details |
| 11/9/18 | 5.7 | ADO North Central, Peter Rhodes | Reflects UWG discussion on 4/9/18. Rank structure post 24/9/18 detailed. |
| 05/05/18 | 5.6 | Staff Officer to the Deputy Director of Operations (Sector Services), Laurence Cowderoy | General review with minor amendments. Removal of the uniform allocation appendix which is currently under review. |
| 04/10/16 | 5.5 | IG Manager | Reviewer and review date amended |
| 09/06/16 | 5.4 | IG Manager | Minor amendments |
| 06/05/16 | 5.3 | IG Manager | Revised Implementation Plan and Document Profile and Control update |
| 21/04/16 | 5.2 | DDO North, Kevin Brown | Post ELT review updates. |
| 07/04/16 | 5.1 | DDO North, Kevin Brown | SMT review with minor updates |
| 04/01/16 | 4.2 | DDO North, Kevin Brown | Quality Improvement Plan review. Action plan to strengthen bare below the elbows compliance. |
| 06/02/12 | 4.1 | IG Manager | Document Profile & Control update |
| 17/01/12 | 3.3 | ADO Control Services | Minor amendments and additions regarding Security |
| 16/03/10 | 3.2 | ADO & UWG | Minor amendment to wording |
| 15/03/10 | 3.1 | ADO | Minor amendments to wording |
| 05/03/10 | 2.5 | ADO & UWG | Minor amendments |
| 25/01/10 | 2.4 | ADO & UWG | Wording amendments |
| 01/12/09 | 2.3 | Assistant Director of Operations - Control Services & Uniform Working Group (UWG) | Complete review of whole document |
| 22/09/08 | 2.2 | Local Security management Specialist | No changes made. Agreed appendix 4 included suitable provisions made for the use of stab vests |
| 11/10/07 | 2.1 | Documentation Co-ordinator | merged appendix 4 with main document |
| 25/04/04 | 1.3 | | 1.6 reference to skirts amended |
| 04/12/03 | 1.2 | | Final revised version. Comments made against 1.12, 2.7, 2.8, 3.3, 4.1, 9.1, 10.1s |
| 26/11/03 | 1.1 | Steve Sale | |
| 02/05/01 | 1.0 | Uniform Working Group | |

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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| Related documents or references providing additional information | | |
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| Ref. No. | Title | Version |
| TP/027 | Policy for Infection Prevention and Control Policy | 5.4 2015 |
| HS/007 | Personal Protective Equipment (PPE) Procedure | 2.1 2012 |
| TP/065 | Driving Standards Policy and Procedure | 2.3 2014 |
| TP/020 | LAS staff services funeral procedure | 2.1 2010 |
| CG139 | National Institute for Health and Care Excellence: Healthcare-associated infections: prevention and control in primary and community care. | 2012 |
| INDG174 | Health and Safety Executive: A short guide to the Personal Protective Equipment at Work Regulations 1992. Suffolk: HSE books. | 2013 |
| | 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. | |
| | The Health and Safety at Work etc. Act 1974 sections 2 and 3. Section 2 covers risks to employees and Section 3 to others affected by their work e.g. patients. | |
| | Health and Safety Executive (1999) Management of Health and 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. | |
| | The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance. | 2015 |
| OC 282/28 | Health and Safety Executive: FIT TESTING OF RESPIRATORY PROTECTIVE EQUIPMENT FACEPIECES. | 2012 |
| | NHS Security Management Service document | |
| | LAS Security Management Policy document (TP/077) | |
| HR047 | Policy on the use of tight-fitting respiratory protective equipment | |

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in &P-File remains the controlled master copy. Any printed copies are neither controlled nor substantive.

1. Introduction

The Trust understands the importance of professional appearance, whether in uniform, corporate wear or office appropriate clothing.

This policy sets out to provide guidance on how compliance will ensure high levels of public confidence, a positive perception and image of the Trust and demonstrate our commitment to the wider aims of the NHS in terms of commitment to the control of infection.

With the LAS being a highly visible provider of care both via the media or directly with patients and the public, first impressions are important and they often determine the attitude which will be conveyed to all those who have contact with the Trust.

The Trust is committed to ensuring the diverse needs of its staff are met, providing this does not impact on the delivery of operational services. It is also committed to ensuring that we meet our obligations under equalities and health and safety legislation, as well as promoting our own policies on equality and inclusion.

Any exceptions to this policy and accompanying procedures, for example, reasonable adjustments in regards to health and safety, disability, religion, belief or pregnancy, must be discussed with and approved by the Director of Operations or their delegate.

2. Scope

This policy applies to all staff of London Ambulance Service NHS Trust and defines acceptable dress code for uniformed and non-uniformed staff.

Definitions of uniform are contained in the appendices to this policy. Unless stated otherwise, references to uniform refers to the operational uniform which is traditionally coloured green (but a blue variation is worn by Emergency Responders) or blue for some support service departments.

It does not define the dress code to be followed by staff when attending an LAS funeral (*see section 11.0, TP/ 020 'LAS Staff Funeral Procedure'*).

3. Objectives

- 3.1. To ensure consistency in appearance of all staff when in uniform.
- 3.2. To support the control of infection between staff and patients.
- 3.3. To present a corporate and professional image to all service users and health care professionals.
- 3.4. To detail the specific requirements for the wearing of uniform and work wear whilst:
 - 3.4.1. On or off duty
 - 3.4.2. Travelling to and from their place of duty

3.4.3. Representing the Trust in an official capacity.

4. Responsibilities

4.1. The responsibility for ensuring that the policy is implemented lies with the Trust Board and the Chief Executive Officer.

4.2. The Director(s) responsible for staff wearing uniform (green or blue) or other corporate office appropriate clothing are responsible for overseeing this policy on a day-to-day basis.

4.3. The Trust will ensure appropriate associated supplies for members of staff to effectively adhere to this policy.

4.4. All staff members are expected to take personal responsibility for compliance with this policy.

4.5. All Trust supervisors/managers/officers are responsible for ensuring that this policy is routinely applied by all members of staff and that suitable and necessary facilities to support this policy are readily available in all Trust sites. Any breaches should be dealt with as a conduct matter.

4.6. The Trust is not responsible for personal items of property brought into the work place such as make up, jewellery or watches.

4.7. Where a member of staff is uncertain about compliance, they should discuss this with a supervisor or manager.

4.8. All managers are responsible for maintaining a record of uniform or corporate work wear that is issued or returned.

5. Operational Uniform

5.1. Bare below the elbow

5.1.1. The LAS adopts the National Institute of Clinical Excellence definition of “bare below the elbows” to mean: not wearing false nails or nail polish; not wearing a wrist-watch or stoned rings; wearing short-sleeved garments or being able to roll or push up sleeves (NICE, CG139, 1.1.2.3).

5.1.2. Being bare below the elbows supports:

- Control of infection
- Consistency of application
- Public perception
- Health Care Provider perception.

5.1.3. The LAS adopts a bare below the elbows practice for all operational staff when wearing the green operational uniform (or blue for emergency responders) at all times whether patient facing or not. This does not routinely apply to staff who are based in the scheduling department, central support unit or 999 clinical contact centres unless there is a potential that they may be required to represent the Trust in meetings or attend operational incidents.

5.1.4. All managers who are interacting with operational staff or external stakeholders and are wearing green uniform are expected to comply with this policy. This therefore applies to operational managers, education centre staff and students in education. Staff working in other departments where the media are present should be mindful of the impression that not being bare below the elbows may give and local guidance will be provided by the head of department at the time.

5.1.5. It is recognised that – due to the nature of emergency medical work – compliance may not be possible in some situations and exception is given when the need exists to be sleeved for health and safety reasons or inclement weather.

5.1.5.1. In these circumstances

5.1.5.1.1. Long sleeved garments should be removed or rolled up when attending patients within buildings, whilst on the ambulance and inside hospitals and clinical buildings.

5.1.5.1.2. Long sleeved garments should be removed where practicable whilst performing invasive procedures or where there is a risk of exposure to bodily fluids.

5.1.5.1.3. If it is not practicable to remove or roll up sleeved garments, sleeve protectors are available for use and must be worn (exception is made for Hazardous Area Response Team and Public Order staff when wearing protective uniforms).

5.2. **Appearance**

5.2.1. **Hair**

5.2.1.1. Hair must be kept clean and tidy at all times and hair styles should be in-keeping with the promotion of a professional and corporate image.

5.2.1.2. Hair that falls below the collar must be secured above the collar in a fashion that does not impede the effective use of Trust approved safety helmets.

5.2.1.3. Whilst wearing dress uniform, staff should ensure that any hair that falls below the collar is secured appropriately off the collar.

5.2.1.4. Hair bands or decorations worn by uniformed staff must be of a colour in keeping with the colour and style of the uniform worn i.e. black or green. Staff are responsible for providing their own hairbands.

5.2.2. **Beards**

5.2.2.1. Beards should be kept neat, clean and smart at all times, in line with the professional image of the Trust.

5.2.2.2. The Trust advises against the wearing of partial beard growth (stubble) or a full beard because these have been shown to reduce the effectiveness of the FFP3 masks.

5.2.2.3. If a situation arises where the Trust expects staff to need to regularly wear an FFP3 mask, staff will be informed via the Routine Information Bulletin (RIB) and local management.

5.2.2.4. Specific guidance on the wearing of FFP masks and staff with beards or stubble, including possible equality issues, is detailed in the Policy on the use of tight-fitting respiratory protective equipment (HR047).

5.2.3. **Make-up**

5.2.3.1. Should be kept to a minimum and be in keeping with the professional image of the Trust.

5.2.4. **Perfumes and after-shave**

5.2.4.1. Should be kept to a minimum.

5.2.5. **Jewellery**

5.2.5.1. **Ear rings/wrist watches/bracelets/charity bands**

5.2.5.1.1. In the interests of health and safety, infection control and a professional appearance, only one plain band (wedding ring style) will be acceptable as hand jewellery (NICE, CG139, 1.1.2.3).

5.2.5.1.2. Bracelets / charity bands must not be worn unless they are the approved "medic-alert" type, are worn for medical reasons (supported by a doctor's letter) or for cultural reasons. Where the approved medic-alert type bracelet is worn this must be removed whilst performing invasive or clinical procedures or where there is a risk of exposure to bodily fluids. Where at all possible, these should not be worn on the arms. Where circumstances exist that items cannot be removed, gloves should be worn during procedures.

5.2.5.1.3. Any neck jewellery, including that worn for religious reasons, must be hidden from sight inside the T-shirt/uniform shirt at all times.

5.2.5.1.4. Discreet stud or small sleeper earrings of no more than 1cm in diameter may be worn, restricted to one in each ear. Only

clear flesh tunnels may be permitted.

5.2.6. Body Piercings

5.2.6.1. Other than ear piercings no additional piercings should be visible.

5.2.7. Visible tattoos

5.2.7.1. Staff who are planning to have a new tattoo which may be visible to patients or colleagues should firstly seek guidance from their line manager to protect themselves from breaching this policy.

5.2.7.2. Tattoos that include words or images that could cause offence either to patients, work colleagues, or members of the public, must be covered whilst at work.

5.2.7.3. Staff who have been previously approved to wear long sleeve shirts are to ensure that they are rolled up for hand washing and patient care.

5.2.8. Hands/fingers

5.2.8.1. Must be visibly clean at all times and 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 or damage to equipment (TP/027 Infection Control Policy, Appendix 3).

5.2.8.2. Nail polish (clear or coloured) and/or false nails are not permitted and must be removed before duty.

5.2.9. Hats/Scarves

5.2.9.1. Only caps and hats issued by the Trust may be worn unless for religious, cultural or medical reasons (which must be authorised by the line manager).

5.2.9.2. No neck scarf may be worn. Scarves can provide a strangle risk to staff and are not permitted.

5.2.9.3. Head coverings worn for religious, cultural or medical reasons must be provided by the wearer and for uniformed staff should be in keeping with the colour of the uniform worn (i.e. black or green) and be in keeping with the corporate image. All such head coverings must be securely fastened with no trailing ends, and if in direct contact with patients, the face should remain uncovered to promote effective communication.

5.2.10. Footwear

5.2.10.1. Corporately issued footwear is to be worn with operational uniform unless approved on an individual basis, or

provided by the individual as part of a scheme allowing this.

5.2.10.2. Footwear should be kept clean and polished.

5.2.10.3. Footwear is to be worn with laces tied firmly.

5.2.10.4. Laces should be black in colour.

5.2.11. Glasses and Sunglasses

5.2.11.1. Staff who wear spectacles and contact lenses and are engaged in duties that include driving service vehicles must follow the instructions contained within the Driving Standards Policy (TP065) section 6.4.

5.2.11.2. Spectacles, sunglasses and contact lenses must be compatible with the image of a professional uniformed Trust.

5.2.12. Other

5.2.12.1. Shirts and Polo Shirts must be tucked into waistbands at all times.

5.2.12.2. Only Trust issue belts and utility belts are to be worn with operational uniform.

5.2.12.3. Only black socks are to be worn with operational uniform.

5.2.12.4. Skirts are not part of front line operational uniform. When the wearing of skirts is permitted, i.e. within the Scheduling Department, Control Services or as part of the dress uniform, staff must wear natural/skin colour stockings or tights; socks may not be worn.

5.2.12.5. Only plain white crew-neck T-shirts are permitted to be worn under operational uniform shirts.

5.2.12.6. Operational staff attending Trust education centres will wear full operational uniform unless otherwise instructed.

5.2.12.6.1. Uniformed staff attending clinical premises should observe the requirements of the specific organisation visited.

5.3. Rank Markings and Badges

5.3.1. On occasions when it is deemed appropriate, awards, medals, orders and decorations authorised by the Sovereign may only be worn on the dress uniform and must be displayed above the left breast pocket of the dress uniform tunic. Name badges and the award bestowed by the Royal Humane Society should be worn above the right breast pocket of the dress uniform tunic.

5.3.2. Epaulettes bearing appropriate rank markings will be worn on uniform shirts, jackets and outer garments as appropriate (appendix 3)

5.3.3. For uniformed managerial roles where job titles are used on shirt epaulettes instead of rank markings, epaulettes bearing appropriate rank markings will be worn on dress uniforms, and on high visibility jackets when engaged on ceremonial duties.

5.3.4. Managers/officers who fulfil a clinical role at any incident should wear jacket inserts that are reflective of their clinical skill level.

5.3.5. Uniform sliders commensurate with the role will be worn on all visible uniform when on duty. See Appendix 3.

5.3.6. Uniformed staff should wear Trust long service badges on the right side collar. Non-uniformed staff should wear Trust long service badges on the right jacket lapel, on the right side of a shirt or blouse or on a tie.

5.3.7. Long service and good conduct ribbons may be worn on operational uniform on the right side of the shirt. Medals may not be worn on operational uniform.

5.3.8. No badges may be worn except for those recognised by the Trust, Trade Union badge of office, and Trust name badges. These should be worn on the right side of the garment above the NHS logo. On occasions, the Trust may issue a temporary amendment to this rule for a limited period of time, authorised by the Chair of the Uniform Working Group.

5.3.9. It is the personal responsibility of all staff to carry a current valid identity card. It must be readily available as confirmation of identity to a Police Officer, any authorised Security Personnel, another employee of the Trust or patients and their relatives if requested. Only plain, Trust issued, NHS, recognised Trade Union or professional body lanyards may be worn.

5.3.10. Staff who are issued with additional identity passes should carry these at all times when on duty. Where issued, staff should carry and have available for inspection their airport air-side driving permit.

5.4. Issue, availability, condition and disposal

5.4.1. Staff are issued with a full allocation of uniform according to their role and it is their responsibility to maintain their uniform in a good state of repair.

5.4.2. Items of uniform issued to staff must not be altered temporarily or permanently in any manner except where those alterations relate to the size of a garment. High Visibility garments and PPE are not to be altered in any way.

5.4.3. Staff must keep a clean uniform available on station, or carried in the bag issued by the Trust so that they may change in the event of

their uniform becoming damaged or soiled during the course of their shift - see Wear & Tear procedure (Appendix 2).

5.4.4. All Trust issued uniform items remain the property of the Trust and should be maintained in a good condition at all times. Uniform for disposal should be returned to a manager for disposal in accordance with Appendix 2.

5.4.5. When staff leave the Trust it is their responsibility to ensure all uniform items are returned to their line manager irrespective of their condition, including all ID badges.

5.4.6. It is the responsibility of the Line Manager to ensure that all returned uniform items and ID badges are disposed of appropriately in accordance with current policies and procedures. (REF: NHS Security Management Services document & LAS Security Management Policy – TP/077).

5.5. Off duty

5.5.1. Staff are only permitted to wear their uniform whilst on duty with the London Ambulance Service. If a member of staff is off duty, for example travelling to or from Trust premises, a jacket or other item of clothing must cover Trust insignia/epaulettes.

5.5.2. Staff who are taking their rest break away from Trust premises, hospital premises and their LAS vehicle must also cover insignia/epaulettes/NHS or LAS logos.

5.5.3. Staff are not permitted to consume alcohol whilst in any item of uniform or corporately branded clothing.

6. Dress Uniform – Number 1 Dress:

6.1. Full dress uniform will be worn at ceremonial and public events as and when required/appropriate.

6.2. On some occasions, for external meetings only, it is acceptable to wear the dress uniform trouser/skirt, dress uniform shirt/blouse and tie/cravat. This will be at the discretion of the manager.

6.3. Only black socks or natural flesh colour stockings or tights with black shoes may be worn with dress uniform. Shoes should be clean and in a good state of repair.

7. Non-Uniformed Staff

7.1. Work Wear

7.1.1. Smart casual dress is usually considered appropriate for an office setting and should be clean, in a good state of repair, and in keeping with the promotion of a professional and corporate image.

7.1.2. Outside of the office setting formal business wear may be more appropriate. Staff should use their discretion in this, and where unsure should seek guidance from their line manager.

7.2. Line managers are responsible for ensuring that the appearance of their staff reflects the aims and objectives set out above.

7.3. Non-uniformed staff attending clinical premises should observe the requirements of the specific organisation visited.

8. Compliance

8.1. Compliance with this policy will be monitored by internal audit processes such as the hand hygiene audit and Operational Workplace Reviews; the results of these audits will be presented at Sector Quality Governance meetings.

| IMPLEMENTATION PLAN | | | | |
|--|---|---|---|---|
| Intended Audience | All LAS Staff | | | |
| Dissemination | A&E operations bulletin highlighting key changes. Published on The Pulse. Issued to all new staff as part of workplace orientation. Managers briefing note in advance of publication highlighting changes. | | | |
| Communications | Revised Policy and Procedure to be announced in the RIB and a link provided to the document. | | | |
| Training | Educators will ensure compliance as staff pass through their departments. Field based discussions with staff as appropriate. | | | |
| Monitoring: | | | | |
| Aspect to be monitored | Frequency of monitoring AND Tool used | Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported | Committee/ group responsible for monitoring outcomes/ recommendations | How learning will take place |
| Daily appearance will be addressed by local managers and field based supervisors. Bare below the elbows will be covered as above and formally in | Monitoring will be constant with staff and supervisor interactions. General compliance will be reviewed in workplace reviews. | All line managers have a responsibility for ensuring compliance to the relevant aspects of the policy. Infection control compliance will be covered in Area Quality meetings and compliance linked to the head of infection | Assistant Directors of Operations through Area Quality Governance and Assurance meetings. Head of infection control through audits presented at Infection Prevention and Control Taskforce /Committee | Self learning from policy dissemination. Daily operational interactions. Operational work place reviews. Annual appraisal against the Trust Values. |

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| operational workplace reviews. | | presentation and control for inclusion in quality forums. | | |
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Order of Dress

Number 1 Dress: Dress Uniform

Cap, tunic, white shirt, green tie/cravat, appropriate issued rank epaulettes and gorgets, trousers or skirt, black belt, black gloves, black socks, black shoes. (Tights and stockings are not issued).

Number 2 Dress: Operational Dress

Green shirt, epaulettes, white T-shirt, approved head wear, cargo trousers, belt, utility belt, stab vest when appropriate*, High Visibility Jacket / Tabard, Fleece, over trousers, black socks and black safety shoes. Motor Cycle (MRU) and Cycle Response Units (CRU) to wear the appropriate specialized garments or outfits issued only to these groups, control and RC staff may wear skirts (see 1.1). (Tights and stockings are not issued).

*where a dynamic risk assessment indicates this level of personal protection or when directed by an officer of the Trust.

Number 3a Dress: Fleet

Blue fleece, blue sweatshirt, blue polo shirt, white T-shirt, blue cargo trousers, blue lab coat, blue boiler suit, socks, belt, safety shoes, hi visibility jacket and trousers, blue woolly hat.

Number 3b Dress: Logistics

Blue shirt, blue fleece, white T-shirt, blue cargo trousers, socks, belt, safety shoes, hi visibility jacket and tabard, blue woolly hat.

Number 3c Dress: Other Support Departments

Blue departmental fleece where allowed.

NB. For the specific Dress Code when attending a funeral see Section 11.0, 'LAS Staff LAS Funerals' (TP / 020).

Procedures and Guidance for Uniform Wear and Tear, Contamination, Damage and Disposal

1.0 Record of Uniform Issue/return

1.1 All items of uniform issued/returned will be recorded on a Uniform Issue Record Card (LA88). This record must be maintained at all stages of a person's movements through the Trust. This card should be completed when the initial issue of uniform is made and updated when any replacement or specialised items are issued.

1.2 The LA88 must be kept up to date at all times to reflect an accurate record of the uniform/outfit provision held by each member of staff.

1.3. The Line Manager should carry out sample audits to ensure records are being kept up to date and assurance of policy compliance is given. These audits should be carried out every 6 months.

2.0 Allocation of Uniform

2.1 The required allocation for all LAS uniform wearing groups is currently under review.

2.2 Staff who require a change of allocation for any reason should discuss this with the line manager.

3.0 General Wear and Tear

3.1 A uniform wearer may request replacement of a garment / footwear which can no longer be worn due to general wear and tear. The garment / footwear must meet one of the following criteria:-

- a) the item is unsafe to wear,
- b) external garments do not provide adequate protection against adverse weather,
- c) by wearing the item, the wearer is unable to comply with the standards detailed in the Trust's Uniform and Work Wear Policy (OP/001),
- d) the item is beyond economic repair,
- e) the item is so soiled it cannot be laundered successfully.
- f) No longer represents a professional image.

3.2 The uniform wearer must present the item to their line manager. If the manager is satisfied that a replacement is justified, a new item will be ordered. The manager will retain the used garment and arrange disposal in accordance with this procedure – see 6.0.

3.3 When the replacement item is received the member of staff should be asked to sign the LA88 Personal Issue Record Card and confirm he/she has a full set of uniform and PPE.

4.0 Contaminated or Damaged Garments

4.1 The uniform wearer may request replacement of a garment / footwear which can no longer be worn due to contamination or damage. The garment / footwear must meet one of the following criteria:-

- a) the item is unsafe to wear,
- b) no realistic chance of the item being successfully laundered or repaired,
- c) the item has been left for disposal at a hospital following transport of an infectious patient,
- d) by wearing the item, the member of staff is unable to comply with the standards detailed in the Trust's Uniform & Work Wear Policy (OP/001).

4.2 The uniform wearer must, if possible, submit the item to their line manager. This should be in a sealed clear plastic bag. If the manager is satisfied that a replacement is justified, a new item may be ordered.

4.3 Where it is not possible to submit the item, for instance it has been disposed of following transport of a highly infectious patient to hospital, the manager attending to support staff should be asked to confirm in writing that this action has been taken.

4.4 The manager will retain the garment / footwear and arrange disposal in accordance with this procedure - see 6.0. If the item is contaminated it should be placed in an orange clinical waste bag. This bag must be sealed and disposed of in the clinical waste receptacle on the station.

4.5 When the replacement item is received the uniform wearer should be asked to sign form LA88 and confirm he/she has a full set of uniform.

4.6 If garments / footwear have been left at a hospital following transport of an infectious patient, the crew should make a note to that effect on the Patient Report Form (PRF). The PRF should be presented to the line manager. The manager will then order replacement items as outlined above.

4.7 When replacement items are received the uniform wearer involved should be asked to sign form LA88 and confirm they have a full set of uniform.

5.0 Loss or Theft

5.1 If a uniform wearer suffers a loss or theft of any garment / footwear, it must be reported at the earliest opportunity to their line manager. Depending on the circumstances, the Police should be informed and a crime number obtained. A Trust Report of Loss / Burglary/ Theft (LA154), must also be completed.

5.2 If the manager is satisfied that a genuine loss has occurred, and there is no realistic chance of recovering the item, replacement garments / footwear may be ordered.

5.3 When replacement items are received the uniform wearer should be asked to sign form LA88 and confirm they have a full set of uniform.

5.4 If items are recovered at a later date, the uniform wearer should advise his / her line manager and a note should be made on the LA88, confirming this matter.

5.5 If the line manager considers that a uniform wearer has been negligent in losing an item of uniform, he may authorise a deduction from the person's monthly salary payment. This may be up to 100% of the items value depending on the circumstances.

5.5 If items of uniform are frequently lost by the same person, and no reasonable explanation can be given for this, action under the Trust's Disciplinary Procedure may also be considered.

6.0 Disposal of Garments

6.1 All items of uniform requiring replacement should be given to the local line manager. Items should be held by the manager in a safe place pending disposal (except contaminated items which should be placed in the clinical waste receptacle as described above – see 4.2).

6.2 All disposed items of uniform including contaminated items, shall be recorded with the date the item was disposed in the date replaced column on the Uniform Issue Record (LA88).

6.3 All items of uniform for disposal, except for contaminated items, shall be placed in the plastic Uniform Disposal Bin placed on each station / site. A Uniform Disposal Authorisation Tag should be attached to the clear plastic bag containing the items. These will be collected by the logistics team and taken for safe disposal.

7.0 Faulty Garments

7.1 If it becomes apparent that items of uniform are being presented for replacement due to faulty manufacture they should be returned to the supplier following the appropriate returns procedure as detailed on The Pulse. The LA88 must be updated.

8.0 Ordering Replacement Uniform

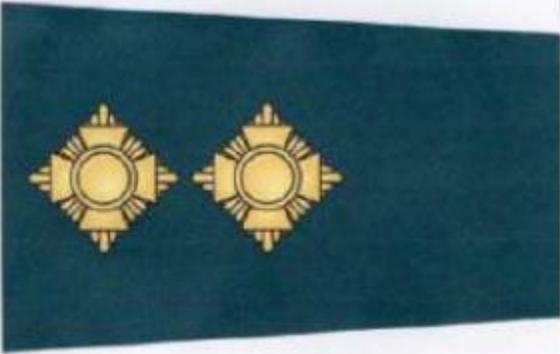
8.1 All replacement items of uniform should be requisitioned on the E Series system. Delivery should be requested direct to the station or operating unit. Orders or requests for uniform should not be made in any other way.

8.2 MRU and CRU arrangements for purchasing and supply of specialized garments, clothing and kit will normally be undertaken by the respective Specialist Response Co-ordinator budget holder.

Ranks, Markings and Insignia

Note that generic (green) rank markings are shown. When worn on patient-facing duties these must be the appropriate colour for the clinical skill level of the wearer.

| Role | Epaulettes | Brocade | Cap |
|---|---|--|---|
| <p style="text-align: center;">Area Controller Senior Scheduling Coordinator Clinical Team Leader / Manager Trainee Clinical Tutor Driving Instructor</p> |  | <p style="text-align: center;">N/A</p> |  |

| | | | |
|--|--|------------|---|
| <p>Business Support Manager</p> <p>Clinical Advisor</p> <p>Station Support Manager</p> <p>Operational Placement Centre Manager</p> <p>Scheduling Centre Manager</p> <p>CRU Manager</p> <p>MRU Manager</p> <p>Watch Manager</p> <p>Incident Response Officer</p> <p>CBRN Operations Officer</p> <p>MERIT Project Coordinator</p> <p>Clinical Liaison Officer (LAA)</p> <p>CBRN Acute Trust Trainer</p> <p>Operations Officer – Emerging Threats</p> <p>Training Officer – SORT/Emerging Threats/HART</p> <p>Emergency Preparedness and Resilience Officer</p> <p>HART Operations Officer</p> <p>Clinical Tutor</p> <p>Operational Business Change Manager</p> <p>Operational Compliance Support Manager</p> |  | <p>N/A</p> |  |
|--|--|------------|---|

| | | | |
|--|---|--|--|
| <p>Stakeholder Engagement Manager Head of Operational Placement Centres Practice Learning Manager Senior Clinical Advisor Education Manager Driving Standards Manager</p> |  |  |  |
| <p>Clinical Operations Lead (APP) Senior Stakeholder Engagement Manager [Location] Group Manager Quality Governance and Assurance Manager General Manager (Emergency Care Services) General Manager (999 CCC) Head of Scheduling Head of Clinical Hub Head of Quality Assurance (999 CCC) Incident and Delivery Manager Head of CBRN and HART Head of Resilience and Spec Ops (Senior) Sector Clinical Lead <i>(continued on next page)</i></p> |  |  |  |

| | | | |
|---|---|--|--|
| <p>Governance Manager (CESD) Education Performance Manager Clinical Education and Training Manager Senior Operational Compliance Support Manager Assistant Head of Operational Compliance and Standards</p> | | | |
| <p>Assistance Director of Operations Head of 999 Service Delivery Head of 999 Quality and Continuous Improvement Chief Clinical Information Officer</p> |  |  |  |

| | | | |
|---|--|---|---|
| <p>Head of 999 Clinical Contact Centres Head of 111 and Integrated Urgent Care Services Head of Resilience and Specialist Assets Head of Operational Compliance and Standards Consultant Paramedic Deputy Director of Clinical Education & Standards</p> |  |  |  |
| <p>Head of Emergency Care Services</p> |  |  |  |

| | | | |
|--------------------------------|---|--|--|
| <p>Director of Operations</p> |  |  |  |
| <p>Chief Executive Officer</p> |  |  |  |