

INTERNAL ONLY
ISLHD PROCEDURE
COVER SHEET



Health
Illawarra Shoalhaven
Local Health District

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FUNCTIONAL GROUP OR HUB	District Wide
NSQHS STANDARD	Standard One
SUMMARY	The purpose of this Procedure is to set out the process for the provision of uniforms for clinical and corporate employees in ISLHD. It provides clear guidelines for the appropriate and acceptable dress standards within the workplace, to assist employees in portraying a professional image to both internal and external customers. It provides clear guidance to all employees to ensure compliance with work, health and safety and infection prevention and control requirements.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

Feedback about this document can be sent to
Corporate Policies: ISLHD-CorporateGovernance@health.nsw.gov.au

1. POLICY STATEMENT

All employees, including contingent workers, are required to project a professional image of Illawarra Shoalhaven Local Health District (ISLHD) by maintaining a sensible and conservative standard of dress which is compliant with relevant work, health and safety, and infection prevention and control requirements.

Employee groups will be easily distinguished by their uniforms. Employee presentation will support organisational commitment to service excellence and the prevention of harm to our clients.

This Procedure is consistent with [NSW Health PD2019_012 Uniforms Policy](#).

2. BACKGROUND

NSW Health provides uniforms for a range of classifications including nurses and midwives, allied health, radiography employees and approved corporate services employees across ISLHD in lieu of historical payment of uniform allowances. Permanent, temporary and casual employees will receive a uniform allocation where it is deemed a uniform is required for their position. Payment of the Laundry Allowance will continue.

2.1 Definitions

Uniform: Items of specific clothing or apparel required by ISLHD to be worn by employees in the course of their duties, excluding shoes, socks and stockings.

Dress / Attire: Official uniforms and other items of clothing worn in the workplace, inclusive of jewellery.

Employee: Any person working for ISLHD, including any contractor, student or volunteer.

Footwear: All shoes and other foot coverings.

3. RESPONSIBILITIES

3.1 Management will:

The following managers are responsible for ensuring their employees are supplied with and wear the correct uniform:

- All Nursing and Midwifery managers and cost centre managers
- Allied Health managers and discipline heads of department
- Service Directors and managers

- Cost Centre managers with relevant clinical and/or corporate services employees
- All managers in both clinical and non-clinical areas, where it has been deemed that official uniforms are not required to be worn, are still required to ensure appropriate clothing and footwear is worn.

3.2 All Employees will:

All employees are responsible for ensuring they attend work in their uniform or in professional and appropriate attire to meet work, health and safety and infection prevention and control requirements.

4. PROCEDURE TO ORDER A UNIFORM

4.1 Details of uniform allocation and replacement

Details relating to the allocation of uniforms by classification are listed on the Health Share intranet page [NSW Health Share Uniforms](#). The Uniform Catalogue is also available on this intranet page.

4.2 Ordering

The system is set up for self-ordering of uniforms through Total Apparel Management System (TAMS) and a link for this process is also provided on the Health Share uniform intranet page. The TAMS Employee User Guide is available at the following link [TAMS Employee User Guide](#).

4.2.1 Pre-approved uniforms (PA)

- Employees required to wear uniforms are deemed to be 'pre-approved' (PA), for example nurses and midwives, radiographers, hospital assistants, security officers, and wardspersons.
- PA employees will log on to the system and, on entering their employee number and classification, will automatically have their designated uniform assigned.
- The system is locked down to ensure no employee accidentally orders a uniform not designated for their classification.
- The number of uniform pieces allocated will be aligned with the Health Share process
- No manager sign off will be required.

4.2.2 Discretionary Uniforms

- Where employees are not actually required to wear a uniform (discretionary) the ordering process will require management sign off, in line with delegations.

- In the circumstances where an employee does not currently wear a uniform and it is in the discretionary category, those employees will be required to seek approval from their manager if they wish to purchase a uniform.
- A personal purchase option exists if employees choose to wear a uniform. This is only available if employees use their personal credit card at the time of purchase, and the uniform can be claimed as a tax deduction.

4.2.3 Delivery

- Employees are encouraged to have their uniforms delivered to their home address.
- In the event that delivery to a home address is not possible, uniforms can be delivered to any of the ISLHD delivery docks or to a department area if those details are included when the purchase is made.

4.2.4 System set up – Profiles

- Prior to any employee being able to order their uniforms they will be required to set up a 'profile' in the system.
- This profile set up will also include managers who will have delegation to approve purchases, and this will allow employees to 'choose' the manager approving their purchase request.
- Managers should refer to the 'Important Information for Managers' fact sheet on the TAMS.

5. UNIFORM STANDARDS

5.1 Uniform Standards

- Uniforms must be selected from the designated uniforms from the Health Share state-wide uniform range specific to each classification.
- Identification badges must be worn at all times on the upper right hand side of the chest, in line with [ISLHD OPS CORP PROC 29 – Name Badge Procedure](#)
- For employees who require an undershirt for warmth the colour must be plain and either the same colour as the uniform top or white, and not be below the elbow.
- Stockings should be conventional, in good condition, and be black, navy or beige. Patterned or coloured stockings and socks are not considered part of the uniform and are unacceptable.
- Cardigans and long sleeved jackets must be removed prior to performing direct patient care, treatment or procedures.
- Nursing and Midwifery employees are able to wear shorts in non-climate controlled areas only. Professional appearance is to be maintained at all times when wearing tailored shorts.

5.2 Footwear

- Footwear in clinical areas and other designated areas e.g. workshops is required to be non-slip and encased (closed in / covering the foot) and project a professional image. They should be plain black, navy or brown.
- Footwear should be leather/vinyl and impervious to hazards in the workplace.
- A risk management approach is to be adopted when assessing suitability of footwear requirements within individual working environments.
- Employees should be aware that if their manager identifies through a Risk Assessment that the footwear is deemed to be unsafe, that a request may be given to change their footwear.

5.3 Operating Theatre Attire

- In line with [NSW Health PD2017_013 Infection Prevention and Control Policy](#), peri-operative attire should not be worn outside of the peri-operative environment, with the exception of emergency attendance of patients. An outer gown should cover the front of the attire when leaving the peri-operative environment.
- Clean protective equipment including masks, overshoes and balaclavas must be applied on each entry to theatre.
- Outer gowns are not to be worn by ISLHD staff at any time other than by theatre personnel and are not to be worn off ISLHD sites.

5.4 Infection Control

Refer to [ISLHD CLIN PD 45 Bare Below the Elbows](#)

5.4.1 Jewellery

- For employees that have direct contact with patients, jewellery should be removed wherever possible prior to patient contact.
- Fashion jewellery (long necklaces and earrings) are a work, health and safety risk and are considered unacceptable.
- ID Badges (specifically lanyards), ties and scarves that may present a work, health and safety or infection risk if contact with patients occurs should be removed wherever possible or secured so as not to make contact with the patient or surrounds.
- Hand and wrist jewellery, including watches, are to be removed as they present an infection risk. Simple/plain wedding bands are the only acceptable piece of jewellery to be worn by clinical employees below the elbow.
- All jewellery, including wedding bands are to be removed prior to performing aseptic procedures to reduce the risk of infection and promote patient safety.

5.4.2 Hand Accessories

- For employees that have direct contact with patients, artificial fingernails or fingernail extensions present an infection risk and are unacceptable in the workplace.
- Natural fingernails should be no longer than 0.5cm in length and be free of nail polish to reduce the risk of infection to patients.

5.4.3 Men's Attire

- Men's ties are only acceptable in non-clinical areas. Exceptions may be where it is deemed appropriate, such as general consultation between a medical employee and a patient. In these cases, it should be secured so as not to make contact with the patient or surrounds.
- It is expected that shirt sleeves be rolled to above the elbow by all employees in clinical areas to aid hand hygiene and decrease the risk of infection to patients.
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5.4.4 Hair

- Hair should be clean, neat, and if below the collar line, tied back, when providing direct patient care.
- Hair accessories may be used to tie back hair, they should be plain, unobtrusive and not include items such as bandanas.
- Head/hair protection is mandatory in certain areas, such as operating theatres.
- Facial hair should be neat and trimmed.

5.4.5 Religious / Cultural Items

- Articles of clothing/jewellery considered to have cultural or religious significance are acceptable if they comply with work health and safety and infection prevention and control standards set out above.

5.5 Personal Protective Equipment (PPE)

- Personal Protective Equipment (PPE) issued by ISLHD which is intended to be worn or held by a person at work and which protects them against one or more risks to their health or safety becomes a part of the ISLHD uniform and must be worn in accordance with this procedure and the [ISLHD OPS PROC 48 WHS Risk Management Procedure](#).
- PPE utilised in the workplace must be issued by ISLHD or obtained from a pre-approved source.
- Employees should not introduce or use PPE which they have sourced independently without prior consent of their manager.

- PPE should not be used as a substitute for the ISLHD uniform but should be worn in conjunction with the appropriate uniform for the relevant discipline for which the PPE is used.

5.6 Tattoos

- Employees are strongly encouraged to avoid having tattoos that will be visible whilst at work.
- Where a tattoo will be visible whilst at work it should not be of an offensive nature. If ISLHD believes that a reasonable person would find any visible tattoo offensive then that tattoo will need to be covered. Employees engaged in direct patient care must ensure that all visible tattoos do not breach the [NSW Health PD2015 049 Code of Conduct](#).

6. DOCUMENTATION

The State-Wide Uniform Operations Manual, Uniform Catalogue and other related information is available on the intranet on the following link:

http://intranet.hss.health.nsw.gov.au/hss_uniforms

7. AUDIT

N/A

8. REFERENCES

[NSW Health PD2019 012 Uniforms Policy](#)

[ISLHD OPS PROC 48 WHS Risk Management Procedure](#)

[NSW Health PD2017 013 Infection Prevention and Control Policy](#)

[ISLHD CLIN PD 45 Bare Below the Elbows](#)

[NSW Health PD2015 049 Code of Conduct](#)

[ISLHD OPS CORP PROC 29 – Name Badge Procedure](#)

9. REVISION AND APPROVAL HISTORY

Date	Revision	Author and Approval
September 2014	0	Acting District Director of Nursing & Midwifery
November 2015	1	District Executive Director of Nursing & Midwifery
March 2013	2	Director Workforce Policy & Practice
January 2016	3	Director Workforce Policy & Practice
October 2019	4	Workforce Relations Consultant Approval/Date: Corporate Policy Recommendation committee/ January 2020 Approval/Date: Executive Director Strategic Improvement Programs / January 2020
January 2021	5	Workforce Relations Consultant Approval/Date: Director, Corporate Governance & Risk Management / March 2021