



Title	Zero Tolerance Hand Hygiene Policy
Document Type	Policy
Version Number	2.3
Approved by	Infection Control Committee Clinical Executive Operational Group Area Partnership Forum
Issue date	March 2021
Review date	March 2023
Distribution	Clinical Boards for onward distribution to clinical staff and support services
Prepared by	Infection Control Team
Developed by	Infection Control Team
Equality & Diversity Impact Assessed	Yes

1.0 Intent

The aim of this policy is to ensure optimum patient and staff safety through effective hand hygiene.

2.0 Introduction

Patient Safety is the primary corporate objective for NHS Borders. Hand hygiene is considered to be the single most important practice in reducing the transmission of infectious agents, including Healthcare Associated Infections (HAI), when providing care.

This Zero Tolerance Hand Hygiene Policy should be read in conjunction with the Standard Infection Control Precautions Policy which provides full detail of the required hand hygiene practice and process.

3.0 Standards

This policy reflects current national guidance and mandatory requirements including: CEL (2009)5.

As a condition of their contract with NHS Borders, staff are professionally accountable and are required to adhere to NHS Board policies to ensure the health and safety of patients, visitors and staff, including compliance with the hand hygiene policy.

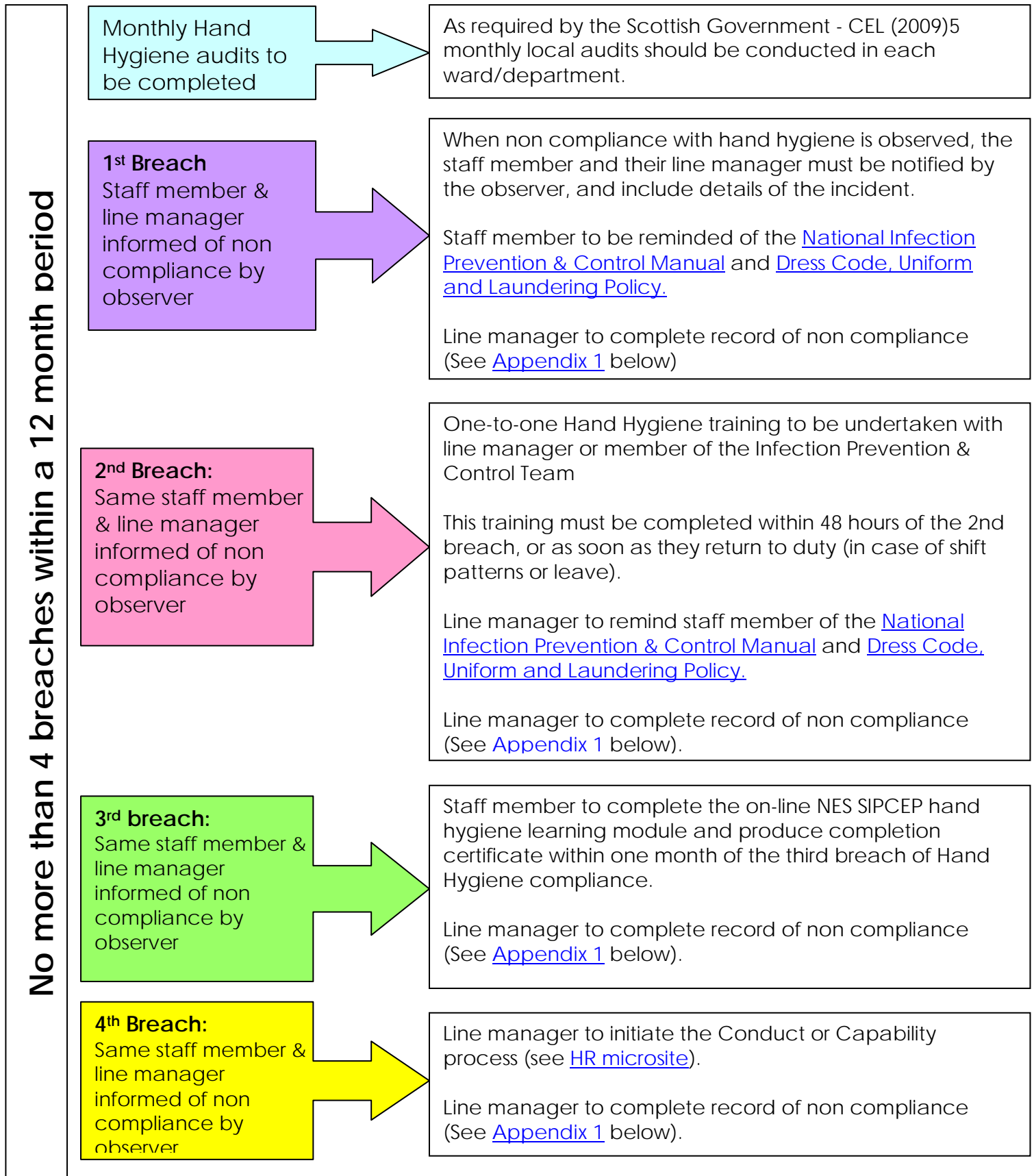
Please note that volunteers and external contractors are also expected to comply with this policy. Please contact IPCT for further advice.

If it can be demonstrated that an individual repeatedly fails to comply with this requirement, they can be found in breach of contract and as such, could be subject to a conduct or capability process. The process is as detailed in flowchart below.

This Zero Tolerance policy applies to individual staff member's non-compliance with hand hygiene, it does not relate to departmental performance.

NHS Scotland's [Workforce Conduct Policy](#) sets out the current arrangements for addressing and maintaining standards of conduct at work. This policy confirms the procedures to be applied where there is an alleged failure to meet these standards; and as such will be used to support implementation of the zero tolerance approach to non-compliance with hand hygiene for healthcare workers at all levels.

Flowchart of action to be taken in response to non compliance with hand hygiene



Record of Non-Compliance with Hand Hygiene

Appendix1



Name of Employee _____

Designation _____

Name of Manager _____

Designation _____

Breach	Date of Incident	Which of the 5 moments (see key below)	Not adhering to Policy (see key below)	Reason for non-compliance (see key below)	Observed by whom?	Action taken	Sign and Date
1st Breach						Staff member reminded of the National Infection Prevention and Control Manual & Dress Code, Uniform & Laundering Policy YES / NO	Employee: Date:
						Other action taken:	Manager: Date:
2nd Breach						Staff member to complete 'one-to-one practical training' with line manager or member of the IPCT. Date completed:	Employee: Date:
						Other action taken:	Manager: Date:
3rd Breach						Staff member to complete online NES hand hygiene course. Please attach completion certificate. Date completed:	Employee: Date:
						Other action taken:	Manager: Date:
4th Breach						Disciplinary process to be initiated immediately. Process initiated on:	Employee: Date:
						Other action taken:	Manager: Date:

5 Moments for Hand Hygiene Key	
1	Before patient contact
2	Before aseptic technique
3	After body fluid exposure risk
4	After patient contact
5	After contact with patient surroundings

Not adhering to Hand Hygiene or Dress Code / Uniform Policy Key	
A	Hands not decontaminated
B	Not bare elbows to wrist
C	Wearing jewellery (incl. wrist watch)
D	Nails (false etc)
E	Other (please state)

Reason for Non-Compliance Key	
(i)	Lack of Knowledge
(ii)	Poor Facilities
(iii)	Omission
(iv)	Emergency
(v)	Skin Irritation
If Other, please state what	

References

1. [CEL \(2009\)5 – Zero Tolerance to Non-Hand Hygiene Compliance, 26th January 2009](#)
2. [CNO \(2012\) 1 – National Infection Prevention & Control Manual for NHS Scotland, 13th January 2012](#)

Implementation Plan

1. Professional responsibilities

a. Professional Leads and Line Managers

- Disseminate this Policy

b. Clinical/Line Managers

- Implement the Policy into their area.
- Supervise compliance with the Policy and organise audits
- Respond to audit results and take corrective action as detailed in above.

c. Clinicians

- Ensure that their practice adheres to this Policy
- Participate in regular audit and engage in training and development as necessary.

2. Audit

Hand Hygiene compliance will be audited:

- Minimum monthly
- Each clinical area will audit compliance
- The Clinical Audit Support Team will provide technical advice in relation to audit
- The Clinical Audit Support Team will offer support with data analysis and report writing

3. Review

- The Policy will be reviewed every two years after issue or following any change in National Standards.
- Any revision to this Policy will be approved by the Infection Control Committee.

Development/Review Group

Infection Control Manager

Senior Infection Control Nurse