



Title	Zero Tolerance Hand Hygiene Policy
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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

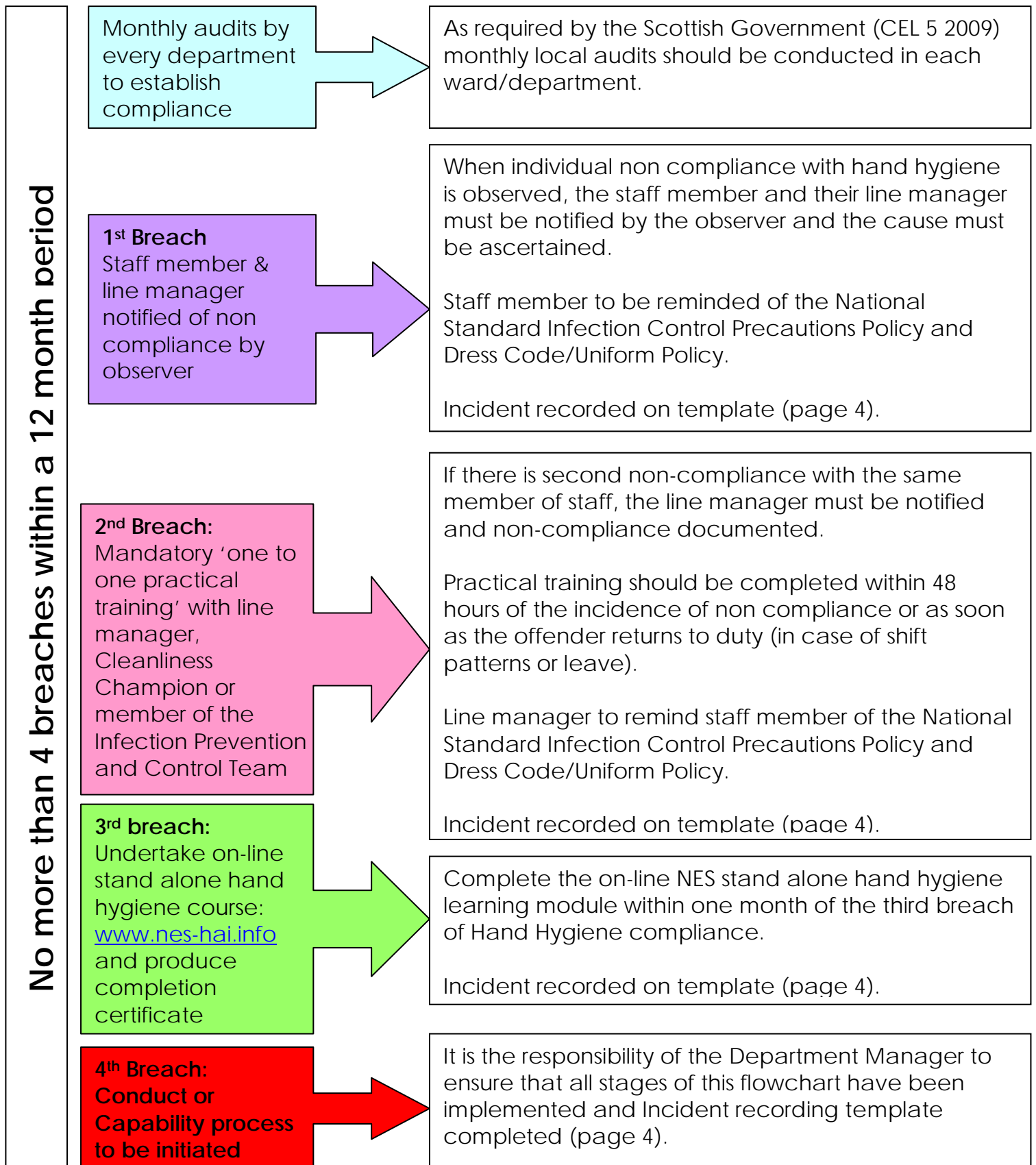
This policy reflects current national guidance and mandatory requirements (including: CEL 5(2009); Model Policy: Hand Hygiene (HPS, Standard Infection Control Precautions, 2012).

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

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 Borders' [Management of Employee Conduct Policy](#) sets out the current arrangements for addressing and maintaining standards of conduct at work. This policy will confirm the procedures to be applied where there is an alleged failure in meeting such 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.

Detailed information on Flowchart of activity to be undertaken in event of non compliance with hand hygiene



Record of non compliance with Hand Hygiene

Name of Employee _____ Designation _____
 Name of Manager _____ Designation _____

5 moments for hand hygiene - Incidence of non compliance (please circle)

- 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 Policy or Dress Code/Uniform Policy (please circle)

- Not bare elbows to wrist Wearing jewellery Wearing a wrist watch Other (Please state)

Observed By whom? (Please circle)

- Manager Colleague Auditor Patient Visitor Other (Please state)

Reason for non compliance (Please circle reason and whether 1 st , 2 nd , 3 rd or 4 th Breach)																							
Lack of Knowledge				Poor Facilities				Omission				Emergency				Skin Irritation				Other			
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4

Action taken (Please outline e.g. broken hand hygiene dispenser fixed; 1 to 1 training undertaken, referred to Occupational Health)

1st Breach : Date of incidence:
 Line Manager notified of non compliance
 On: _____
 Any other action taken:
 Signed (employee) _____ Signed (manager) _____
 Date: _____ Date: _____

2nd Breach: Date of Incidence:
 Mandatory 'one to one practical training' with line manager, Cleanliness Champion or member of the Infection Prevention and Control Team
 Any other action taken:
 Signed (employee) _____ Signed (manager) _____
 Date: _____ Date: _____
 Expected completion date: _____

3rd Breach: Date of Incidence:
 Undertake on-line stand alone hand hygiene course:
www.nes-hai.info and produce completion certificate
 Completion certificate to be attached to this form
 Any other action taken:
 Signed (employee) _____ Signed (manager) _____
 Date: _____ Date: _____

4th Breach: Date of Incidence:
 Disciplinary process to be initiated immediately
 Disciplinary process initiated on: _____
 Any other action taken:
 Signed (employee) _____ Signed (manager) _____
 Date: _____ Date: _____

References

1. CNO (2005) 1 – Alcohol base hand rubs and Infection Control, 9th February 2005
2. CEL 5 (2009) – Zero Tolerance to Hand Hygiene Compliance, 26th January 2009
3. Draft Model Infection Control Policies (hand hygiene) Health Protection Scotland (HPS), July 2011
4. 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 three years after issue or following any change in National Standards.
- Any revision to this Policy will be approved by the Infection Control Committee which includes the Policy.

Development/Review Group

Infection Control Manager
Senior Infection Control Nurse
Hand Hygiene Coordinator