



Title	Zero Tolerance Hand Hygiene – Supportive Management Protocol
Document Type	Protocol
Version Number	3.0
CGQ & RDS ID Number	Clinical Governance & Quality Use only
Approval/Issue date	May 2023
Review date	May 2025
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Developed by	Infection Control Team
Reviewed by	Infection Control Team
Significant resource implications (financial/workload)	N/A
Approved by	Infection Control Committee Area Partnership Forum
Health Inequality Impact Assessment (HIIA) <small>(only statutory for policies)</small>	27/05/2021

1.0 Intent

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

2.0 Introduction

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 Protocol should be read in conjunction with [Chapter 1: Standard Infection Control Precautions Policy](#) which provides full detail of the required hand hygiene practice and process.

This protocol provides a supportive approach to respond to non-compliance with hand hygiene for healthcare workers at all levels.

3.0 Standards

This protocol reflects current national guidance and supports mandatory requirements (Appendix 2).

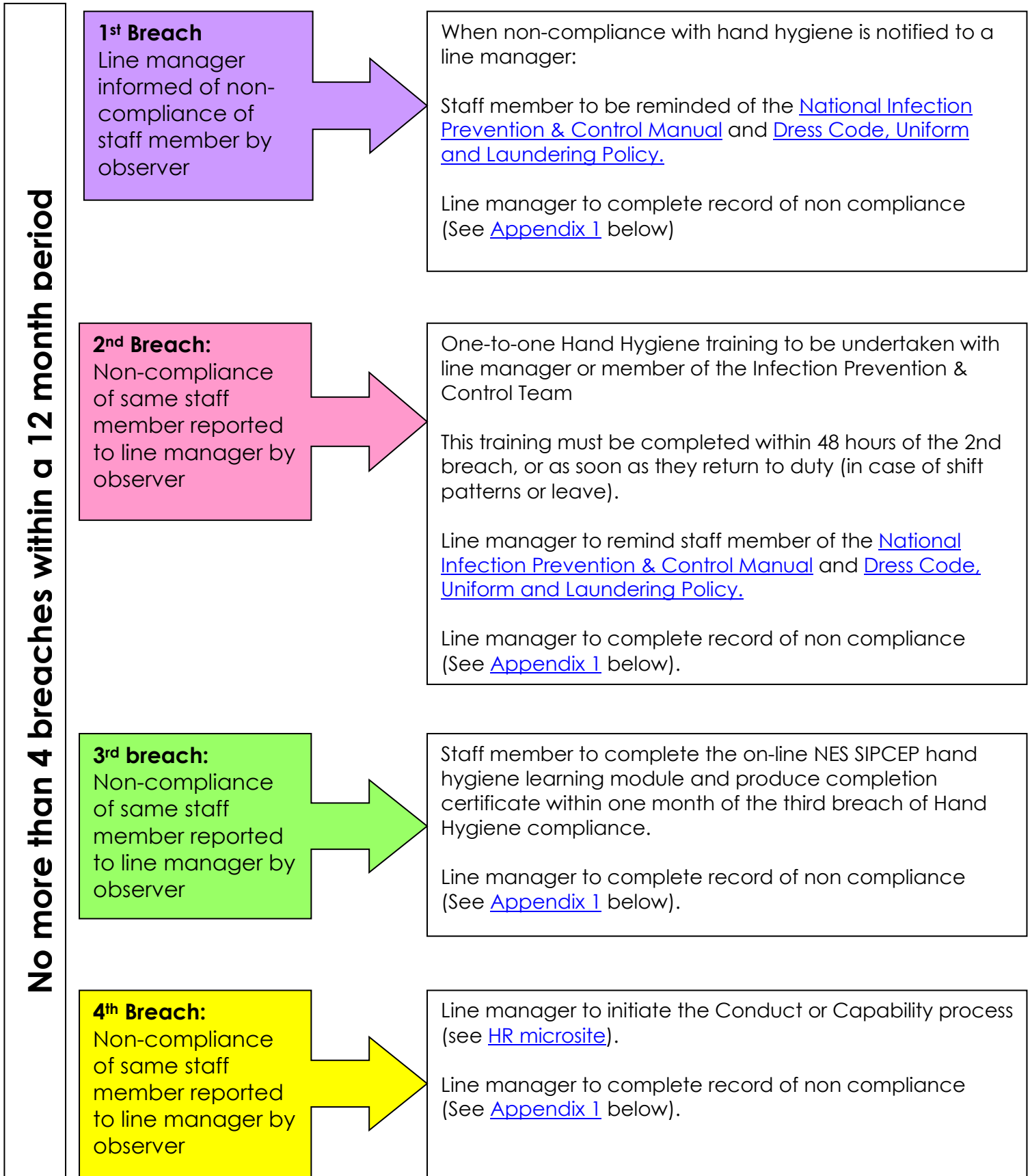
As a condition of their contract with NHS Borders, staff are professionally accountable and are required to adhere to NHS Board policies to ensure the health and safety of patients, visitors and staff.

If it can be demonstrated that an individual repeatedly fails to comply NHS Board policies, they can be found in breach of contract and as such, could be subject to a conduct or capability process.

This Zero Tolerance Protocol 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.

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



Record of Non-Compliance with Hand Hygiene

Appendix 1



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. 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	

Appendix 2

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](#)