

Hand Hygiene Policy

Policy | HH-POL-001

Document type	Policy
Title	Hand Hygiene Policy
Document ID	{{facility.code}}-HH-POL-001
Version and status	1.0 Approved by the ASF Expert Committee
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	New document
Standards and criteria supported	Standard 1, criterion 1.2 (non-negotiable)
Evidence basis	E-001
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Hand hygiene is required at the five moments of care, at every facility.
2. A station must be available at every point of care.
3. Compliance is observed at least monthly, not self-reported.
4. Audit results are reported and every gap has an action.

Stop and get help straight away if: a station is not available at the point of care, or an audit result is not acted on.

1. Purpose

To set out the organisation's commitment to hand hygiene at the point of care, and the standard that applies at every facility [E-001].

2. Scope

Applies to	All staff, students, volunteers and contractors
Locations	All clinical and clinical support areas

3. Definitions and abbreviations

Term	Meaning in this SOP
Hand hygiene	Cleaning hands with handrub or soap and water
Five moments	The WHO points of care for hand hygiene

4. Background and rationale

5. Responsibilities

Role	Duties in this SOP	Competence needed
Accountable executive	Approves the policy. Receives the audit report.	Leadership
Infection prevention lead	Maintains the procedure and the audit method.	Infection prevention
Ward or unit manager	Ensures stations are stocked and audits are done.	Unit leadership
All staff	Follow the procedure HH-SOP-001.	Induction and annual competency

6. Equipment, materials and resources

Item	Specification or standard	Check before use
HH-SOP-001	Procedure that applies this policy	

7. Safety and infection prevention

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8. Before you start

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9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Policy statement 1: Hand hygiene is required at the five moments of care.	• Apply HH-SOP-001 at every patient contact.	The five moments are the minimum.
2	Policy statement 2: Stations are available at every point of care.	• Each bed space and treatment room has a station within arm's reach.	Availability comes before compliance.
3	Policy statement 3: Compliance is observed, not self-reported.	• Audits are done by observation at least monthly, using HH-FRM-001.	Self-report is not accepted as evidence.
4	Policy statement 4: Results are reported and acted on.	• Audit results go to the accountable executive each quarter. • Gaps have a named action and a date.	A result with no action is a failure of the policy.

Decision points

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10. Special situations

Situation	What to do
Emergencies	The five moments still apply. Hand hygiene is not delayed to save time.

11. Problems and escalation

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12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Annual review	The policy is reviewed each year, and after any serious infection event.			

13. Records

Record	Where it is kept	Kept for
Approved policy	Policy register	Current version and five years
Quarterly audit report	Governance file	Three years

14. Training and competence

- Induction, before first independent work
- Annual refresher

15. Related documents

ID	Title	Relationship
HH-SOP-001	Hand Hygiene at the Point of Care	Procedure that applies this policy
HH-FRM-001	Hand Hygiene Observation Audit Tool	Audit record

16. Evidence

ID	Source and status
E-001	World Health Organization (2009). WHO Guidelines on Hand Hygiene in Health Care. Geneva: WHO. Approved, final.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	—	First approved version	Approved by the ASF Expert Committee