

Hand Hygiene at the Point of Care

Standard operating procedure (SOP) | HH-SOP-001

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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. Clean your hands before touching a patient, and before any clean or aseptic task.
2. Clean your hands after any body-fluid exposure, after touching a patient, and after touching the patient's surroundings.
3. Use alcohol-based handrub when hands are not visibly soiled. Use soap and water when they are.
4. If the station is empty, stop and tell the ward manager at once.
5. Record unit audits on HH-FRM-001.

Stop and get help straight away if: the hand hygiene product is not available at the point of care, or a station is empty and cannot be restocked during the shift.

1. Purpose

To prevent the spread of infection from staff to patients and from patients to staff, by cleaning hands at the moments of care where contamination is most likely [E-001]. Hand hygiene is the single most effective way to reduce healthcare-associated infection.

2. Scope

Applies to	All staff, students, volunteers and contractors who have contact with patients or their surroundings
Locations	All wards, clinics, day care, theatres, emergency areas, imaging and laboratory collection points at {{facility.legal_name}}
When	At each of the five moments in section 6
Does not apply to	Non-clinical areas with no patient contact, unless the procedure requires it

3. Definitions and abbreviations

Term	Meaning in this SOP
Hand hygiene	Cleaning hands with alcohol-based handrub, or with soap and water when hands are visibly soiled
Point of care	The place where patient care takes place, within arm's reach of the patient
Five moments	The five points at which hand hygiene is required in care: before patient contact, before a clean or aseptic task, after body-fluid exposure, after patient contact, and after touching the patient's surroundings
Station	A dispenser of handrub or soap, with paper towels, within arm's reach of each bed or treatment space

4. Background and rationale

5. Responsibilities

Role	Duties in this SOP	Competence needed
Ward or unit manager	Keeps stations stocked. Reviews audit results each month. Acts on gaps.	Leadership of the unit
Infection prevention lead	Sets the audit method. Reports results to governance.	Infection prevention training
All clinical staff	Perform hand hygiene at the five moments. Report an empty station.	Induction and annual competency

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Alcohol-based handrub	At each station	
Soap and paper towels	Where hands are visibly soiled	

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	Check the station before you start.	- Confirm product and paper towels are present. - If a station is empty, refill it or report it at once.	A missing station means no hand hygiene at that bed.
2	Clean hands before patient contact (moment 1).	- Clean hands before you touch the patient or their bed. - Use the station within arm's reach.	Clean before you touch, not after.
3	Clean hands before a clean or aseptic task (moment 2).	- Clean hands immediately before an aseptic task, such as a line insertion or a dressing. - Use gloves in addition, not instead.	Gloves do not replace hand hygiene.
4	Clean hands after body-fluid exposure (moment 3).	Clean hands immediately after any exposure to blood or body fluid.	Do not wait until the end of the task.

Step	Action	How to do it	Key point
	3).	• Remove gloves first, then clean hands.	
5	Clean hands after patient contact (moment 4).	• Clean hands when you leave the patient. • Clean again before you go to the next bed.	Each patient is a new contact.
6	Clean hands after touching the surroundings (moment 5).	• Clean hands after touching bed rails, equipment or the bedside table, if you did not touch the patient.	The surroundings can carry organisms.

Decision points

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10. Special situations

Situation	What to do
Patients who cannot speak or cannot consent	The same moments apply. Do not wait for the patient to ask.

11. Problems and escalation

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12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Unit audit	Monthly, at 20 observed opportunities per area, using HH-FRM-001. Target 70% of opportunities met.			

13. Records

Record	Where it is kept	Kept for
HH-FRM-001 Hand Hygiene Observation Audit Tool	Ward or unit file	Three years
Station refill log	Ward or unit file	One year

14. Training and competence

- Induction, before first independent work
- Annual competency assessment using direct observation

15. Related documents

ID	Title	Relationship
HH-POL-001	Hand Hygiene Policy	Governs this procedure
HH-FRM-001	Hand Hygiene Observation Audit Tool	Records the audit

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