Policy · HH-POL-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 1.2

At a glance

- Hand hygiene is required at the five moments of care, at every facility.
- A station must be available at every point of care.
- Compliance is observed at least monthly, not self-reported.
- 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

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

4. Background

Basis,WHO Guidelines on Hand Hygiene in Health Care (2009) [E-001].

5. Responsibilities

Role	Responsibility	Competence
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. Materials and equipment

Item	Requirement	Condition
HH-SOP-001	Procedure that applies this policy	

7. Safety

- Supplies,The organisation supplies approved products at each point of care.

8. Before you start

- Before first work,Each member of staff completes induction on this policy.

9. Procedure

Step 1. Policy statement 1: Hand hygiene is required at the five moments of care.

- Apply HH-SOP-001 at every patient contact.

Key point: The five moments are the minimum.

Step 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.

Key point: Availability comes before compliance.

Step 3. Policy statement 3: Compliance is observed, not self-reported.

- Audits are done by observation at least monthly, using HH-FRM-001.

Key point: Self-report is not accepted as evidence.

Step 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.

Key point: A result with no action is a failure of the policy.

10. Decision points

- Exceptions,None. Any exception must be approved in writing by the accountable executive.

11. Special situations

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

12. Escalation

- Shortage of product,Report to the accountable executive the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Annual review	The policy is reviewed each year, and after any serious infection event.			

14. Records

Record	Kept in	Retention
Approved policy	Policy register	Current version and five years
Quarterly audit report	Governance file	Three years

15. Training

- Induction, before first independent work
- Annual refresher

16. Related documents

ID	Title	Use
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

17. Evidence

Reference	Note
E-001	World Health Organization (2009). WHO Guidelines on Hand Hygiene in Health Care. Geneva: WHO. Approved, final.

18. Change history

Version	Date	What changed	Approval
1.0	—	First approved version	Approved by the ASF Expert Committee

E-learning for this document

- Hand Hygiene and Standard Precautions (T-06)
- **Care & Treatment: Clinical Standards for Accreditation** (H-04)

References

- World Health Organization (2009). WHO Guidelines on Hand Hygiene in Health Care. Geneva: WHO. **Open source** (E-001)

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