Organisation name Site or unit		STANDARD OPERATING PROCEDURE Hand Hygiene at the Point of Care	
Document ID	HH-SOP-001-EN	**Version**	1.3
Status	To be issued	**Issue date**	
Review date		**Replaces**	1.2
Owner	Infection prevention and control lead	**Approved by**	
Classification	Internal	**Applies to**	All clinical areas
Signature			

This is a controlled copy when approved. Printed copies are uncontrolled; check the version against the document register before use.

Contents

1. Purpose 2
2. Scope 2
3. Definitions 3
4. Policy statement 3
5. Background and evidence 3
6. Roles and responsibilities 3
7. Materials and equipment 4
8. Safety and product control 4
9. Procedure 4
10. Decision points 6
11. Special situations 6
12. Escalation 7
13. Monitoring and compliance 7
14. Records 7
15. Training and competence 8
16. Related documents 8
17. References 8
18. Change history 8
19. Approval 8
Abbreviations 2
Annex A. Audit record 8
Annex B. The five moments 9

Abbreviations

Abbreviation	Meaning
CDC	Centers for Disease Control and Prevention (United States)
C. difficile	*Clostridioides difficile*
HICPAC	Healthcare Infection Control Practices Advisory Committee
HH	Hand hygiene
IPC	Infection prevention and control
MMWR	Morbidity and Mortality Weekly Report
ml	Millilitre
PPE	Personal protective equipment
RACI	Responsible, Accountable, Consulted, Informed
SOP	Standard operating procedure
WHO	World Health Organization

Key points

- Clean your hands at the five moments of care, not only when hands look dirty [1].
- Use alcohol-based handrub when hands are not visibly soiled; use soap and water when they are [1].
- Gloves never replace hand hygiene [1].
- Stations must be stocked and within arm's reach at all times. An empty station is reported at once.
- Compliance is audited by direct observation each month and acted on by the unit [1][2].

1. Purpose

To prevent transmission of micro-organisms between staff, patients and the care environment by cleaning hands at the moments of care where contamination is most likely. Hand hygiene is the most important single measure for reducing healthcare-associated infection [1][2]. This procedure defines what must be done, by whom, how it is checked, and what happens when it is not done.

2. Scope

Element	Coverage
Who	All staff, students, volunteers and contractors who have contact with patients, patient equipment or the patient environment.
Where	All wards, clinics, day-care units, theatres, emergency areas, imaging departments and laboratory sample-collection points.
When	At each of the five moments in section 9.1, and whenever a risk of contamination arises.
Not covered	Areas with no patient contact, unless a task performed there involves patient care. Surgical hand antisepsis is covered by the theatre procedure.

3. Definitions

Term	Meaning
Hand hygiene	A general term for cleaning hands, by alcohol-based handrub or by soap and water [1].
Alcohol-based handrub	A product applied to dry hands and rubbed until dry, without water, to inactivate micro-organisms [1].
Point of care	The place where care is given: within arm's reach of the patient, where the patient, the care and the healthcare worker meet [1].
Five moments	The five points in care at which hand hygiene is required (section 9.1) [1].
Station	A dispenser of handrub or soap, with paper towels, within arm's reach of each bed or treatment space.
Visibly soiled	Hands with visible dirt, blood or body fluid, or after using the toilet.
Opportunity	A moment in care when hand hygiene should occur, as observed during an audit [2].
Compliance rate	Hand hygiene actions performed divided by observed opportunities, multiplied by 100 [2].

4. Policy statement

The facility requires hand hygiene at the five moments for every person in scope. Stations are provided and maintained by the facility. Staff perform hand hygiene and report any gap in stations, products or equipment. Leaders provide the stations, products, training and audit, and act on the results. No member of staff is penalised for reporting an empty station or a product problem.

5. Background and evidence

Contaminated hands are a major route by which micro-organisms move between patients, and between patients and staff [1][3]. Transmission can occur when hands look clean, and through gloves that are torn or not changed between tasks. Improving hand hygiene compliance has been shown to reduce healthcare-associated infection in a hospital-wide programme that combined availability of products, training, observation and feedback [2]. Guidance from the WHO and the US Centers for Disease Control and Prevention (CDC) sets out the evidence base, the five-moments model and the techniques used in this procedure [1][3].

6. Roles and responsibilities

Role	Responsibility	Competence
Chief executive or director	Approves this procedure. Provides stations, products and audit resources. Receives quarterly compliance reports.	Governance of infection prevention
Infection prevention and control (IPC) lead	Owns the procedure. Sets the audit method, trains auditors, analyses results, reports to governance and reviews this procedure every two years.	IPC qualification; audit method training
Ward or unit manager	Ensures stations are in place and stocked. Reviews audit results monthly, agrees actions with the team, and escalates gaps the unit cannot close.	Unit leadership; IPC training
Clinical staff	Perform hand hygiene at the five moments. Check their station at the start of each shift. Report an empty station or a product problem at once.	Induction and annual competency

Role	Responsibility	Competence
Supplies and estates team	Delivers products to a fixed par level, maintains dispensers and checks handwashing sinks and water supply.	Supplies and estates procedures
Occupational health	Assesses staff who report skin reactions and advises on suitable products and measures.	Occupational health practice
Auditors	Carry out direct observation using the audit tool (HH-FRM-001), recording only what they observe.	Completed observer training

Key: R = performs; A = accountable for the outcome; C = consulted; I = informed. Accountability for the audit result rests with the unit manager and the IPC lead jointly.

7. Materials and equipment

Item	Requirement	Specification
Alcohol-based handrub	At every station, within arm's reach of each bed or treatment space.	Facility-approved product, in date, with batch and expiry recorded at the store.
Liquid soap and running water	At every handwashing sink used for patient care.	Liquid, non-antimicrobial soap unless local policy states otherwise.
Single-use paper towels	At every sink and station.	Single-use; never shared or reused.
Waste bin	Foot-operated, at each sink and near each bed.	Lined; emptied before it is full.
Skin-care product	Available to all staff from the occupational health or supplies team.	Approved for use with handrub and soap.

8. Safety and product control

- Use only facility-approved products. Check the expiry date and batch before use. Do not decant products into unlabelled containers.
- Store handrub away from heat and naked flame. Keep stock in the store, with only the amount needed for each station on the unit.
- Report dermatitis, itching or product intolerance to occupational health on the same day. Do not stop hand hygiene because of skin symptoms; request an approved alternative.
- Where organism-specific precautions apply, follow them. For example, for suspected or confirmed *Clostridioides difficile* infection, soap and water are used in preference to handrub [3].
- If no station is available, use the nearest sink or stop the task and call for help. Record the event in the incident system.

9. Procedure

9.1 The five moments for hand hygiene

Moment	When to perform hand hygiene	Example
1. Before patient contact	Before you touch the patient or their immediate surroundings.	Before taking a pulse or helping a patient to sit up.

Moment	When to perform hand hygiene	Example
2. Before a clean or aseptic procedure	Immediately before any task involving a clean or sterile site.	Before inserting a catheter, preparing medicines or changing a dressing.
3. After a body-fluid exposure risk	Immediately after a risk of exposure to blood, body fluid, secretions or excretions, including after removing gloves.	After emptying a drain, handling a soiled dressing or clearing a spill.
4. After patient contact	When you leave the patient, before moving to the next patient.	After an examination or a personal-care task.
5. After contact with patient surroundings	After touching anything near the patient when you have not touched the patient.	After adjusting bed rails, a monitor, a chair or a bedside table.

The five moments are the basis of the WHO approach to hand hygiene [1].

9.2 Choose the method

- **Alcohol-based handrub** is the preferred method when hands are not visibly soiled [1].
- **Soap and water** is used when hands are visibly soiled or contaminated with blood or body fluid, after using the toilet, and where an organism-specific protocol requires it [1][3].
- If soap and water has been used, hands must be completely dry before handrub is applied, or handrub is not used at that moment.

9.3 Alcohol-based handrub technique (20 to 30 seconds)

1. Apply enough product to cover all hand surfaces (about 3 ml).
2. Rub palm to palm.
3. Right palm over the back of the left hand, with fingers interlaced; then the reverse.
4. Palm to palm, with fingers interlaced.
5. Backs of fingers against opposing palms, with fingers interlocked.
6. Rotational rubbing of each thumb, held in the opposite hand.
7. Rotational rubbing, backwards and forwards, of the fingertips in the opposite palm.
8. Rub until hands are completely dry. Do not rinse or wipe off the product before it dries [1].

9.4 Handwashing technique (40 to 60 seconds)

1. Wet hands with water and apply enough soap to cover all surfaces.
2. Follow steps 2 to 7 of section 9.3, rinsing under running water.
3. Rinse thoroughly so that no soap is left on the skin.
4. Dry hands thoroughly with a single-use paper towel.
5. Use the towel to turn off a manually operated tap, then dispose of it in the waste bin [1].

9.5 Start of each shift

- Check that the station in your area has handrub and paper towels, and that the product is in date.
- If a station is empty or a product is missing, refill it from the supply store, or report the gap to the ward manager at once.
- Record any station still empty one hour after it was reported, with the time of the report.

9.6 Hands, nails and jewellery

- Keep nails short and natural. Artificial nails and chipped nail polish are not permitted in clinical areas unless local policy allows them [1].
- Remove rings and bracelets that prevent the hand hygiene technique from reaching all surfaces. Plain bands may be worn if local policy allows [1].
- Keep hands moisturised with the approved product, particularly after repeated washing.

9.7 Gloves

- Perform hand hygiene before putting on gloves, and again immediately after removing them [1].
- Change gloves between patients, and between a contaminated task and a clean task on the same patient.
- Do not wash or disinfect disposable gloves for reuse.
- If a glove tears, remove it, perform hand hygiene and put on a new glove before continuing.

10. Decision points

If	Then
Hands are not visibly soiled	Use alcohol-based handrub (section 9.3).
Hands are visibly soiled, or contaminated with blood or body fluid	Use soap and water (section 9.4).
You have used the toilet	Use soap and water.
The station is empty	Refill it or report it at once. Use the nearest sink in the meantime.
Your skin is irritated	Continue hand hygiene with an approved alternative, and refer to occupational health.
A glove tears during a task	Remove the glove, perform hand hygiene, and put on a new glove before continuing.

11. Special situations

Situation	Action
Patients who cannot speak or cannot consent to care	The five moments still apply. Do not wait for the patient or family to ask.
Transmission-based precautions	Follow the precaution sign for the room. Perform hand hygiene on entering and leaving, and after removing personal protective equipment [3].
Emergency resuscitation	Perform hand hygiene at the first opportunity that does not delay care.
Outbreak or organism-specific protocol	Follow the protocol, which may require soap and water where handrub is normally used [3].
Visitors, students and contractors	Show them the stations and the five moments before they start work.

12. Escalation

Event	Inform	Timescale
Empty station or missing product	Ward or unit manager, then supplies team	Immediately; restocked within the shift
Product not available across the facility	Chief executive or on-call manager	Same shift
Skin reaction in a member of staff	Ward manager and occupational health	Same day
Compliance below target for two consecutive months	IPC lead and unit governance group	Next governance meeting

13. Monitoring and compliance

Compliance is measured by direct observation of staff during patient care, using the WHO observation method as adapted in the Hand Hygiene Observation Audit Tool (HH-FRM-001) [1][2]. Each area is observed for at least 20 opportunities per month. Observers record each opportunity by moment, and record whether the action was performed.

Compliance rate (%) = actions performed ÷ opportunities observed × 100 [2].

Indicator	Target	Method	Frequency	Owner	If the target is not met
Hand hygiene compliance	At least 70% of opportunities, rising to 90% over time	Direct observation, HH-FRM-001	Monthly per area	Ward manager	Agree actions with the team; re-audit within four weeks
Station availability	100% of stations stocked at the start of each shift	Shift check and station log	Each shift	Ward manager	Escalate under section 12
Staff competency	100% of clinical staff with a current competency assessment	Training record	Annual	IPC lead	Arrange assessment before independent work

The targets above are proposed for approval by each facility. They are not universal requirements; the governance group sets the final targets.

Feedback. Results are shown to the team each month, with the best and worst areas named. Unit results are reported to the governance group each quarter.

14. Records

Record	Kept in	Retention
Hand Hygiene Observation Audit Tool (HH-FRM-001)	Ward or unit file; summary to the IPC lead	Three years
Station refill and empty-station log	Ward or unit file	One year
Training and competency records	Staff training file	Employment plus six years
Incident reports relating to hand hygiene or skin reactions	Incident management system	As set by the institutional retention policy

15. Training and competence

- **Induction:** before independent work. Covers the five moments, both techniques, glove rules and the location of stations.
- **Annual competency:** direct observation of technique, and a short knowledge check.
- **Refresher:** after any audit result below target, and after any change to this procedure.

16. 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 under section 13
IPC-POL-001	Infection prevention and control programme	Sets the wider programme in which this procedure sits

17. References

1. World Health Organization. *WHO Guidelines on Hand Hygiene in Health Care: First Global Patient Safety Challenge Clean Care is Safer Care.* Geneva: WHO; 2009. Available from: https://www.who.int/publications-detail-redirect/9789241597906
2. Pittet D, Hugonnet S, Harbarth S, Mourouga P, Sauvan V, Touveneau S, et al. Effectiveness of a hospital-wide programme to improve compliance with hand hygiene. *Lancet.* 2000;356(9238):1307–12. PubMed: https://pubmed.ncbi.nlm.nih.gov/11073019/
3. Boyce JM, Pittet D; Healthcare Infection Control Practices Advisory Committee; HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. Guideline for hand hygiene in health-care settings. *MMWR Recomm Rep.* 2002;51(RR-16):1–45. Available from: https://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf

18. Change history

Version	Date	Summary of change	Approved by
1.0		First approved version.	ASF Expert Committee
1.1		Restructured to the ASF SOP format. Added key points, responsibilities matrix, measurement formula, feedback, numbered references and approval block.	

19. Approval

Role	Name	Signature	Date
Prepared by: IPC lead			
Reviewed by: Clinical director			
Approved by: Chief executive or director			

Annex A. Audit record

Use this record for each observation session (HH-FRM-001). Record one line per opportunity. Enter the moment (1 to 5) and whether the action was performed (Y or N).

Date	Area	Observer (initials)	Moment (1–5)	Performed (Y / N)	Method (R = handrub, S = soap)	Comment
Total opportunities				**Total performed**		
Compliance rate (performed ÷ opportunities × 100)			%			

Annex B. The five moments

The five moments summarise section 9.1 in a single view. Hand hygiene is required at each moment, as described in section 9.1 and based on the WHO guideline [1].

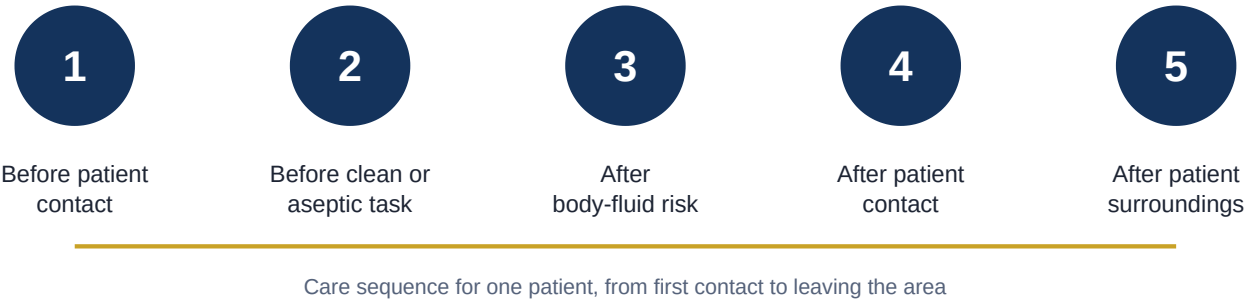


Figure B.1 The five moments for hand hygiene. Source: WHO (2009) [1].