



Policy and Procedure of
Hand Hygiene

AMRH/IC/P&P/006/Vers.02
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Institution Name: Al Masarra Hospital					
Document Title: Policy and Procedure of Hand Hygiene					
Approval Process					
	Name	Designation	Institution	Date	Signature
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Acronyms:

AMRH	Al Masarra Hospital
CSSD	Central Sterile Supply Department
HH	Hand Hygiene
HOD	Head of Department
P&P	Policy & Procedure



Policy and Procedure of Hand Hygiene

1. Introduction

Hand hygiene is the most important simple element in preventing the cross infection during care giving to the patient. This policy is prepared to emphasize the importance of hand hygiene in preventing disease transmission and to the indications and techniques needed.

2. Scope

This document is applicable to all health care workers and sanitary staff/workers in Al Masarra Hospital (AMRH).

3. Purpose

- 3.1 To inform all health care workers and employees in Al Masarra Hospital on the requirements relating to hand hygiene.
- 3.2 To ensure performing hand hygiene in both within clinical settings and administration to reduce the risk of transmission of microorganisms which may result in a healthcare associated infection.

4. Definitions

- 4.1 **Aseptic:** free from contamination caused by harmful bacteria, viruses, or other microorganisms; surgically sterile or sterilized.
- 4.2 **Alcohol-based sanitizing (hand) rub:** a sanitizing product containing a minimum of 60% Isopropanol alcohol and emollients (in liquid, gel or foam), designed to inactivate microorganisms, but it does not have any cleaning properties and must not be used on visibly dirty hands.
- 4.3 **Hand Hygiene:** a general term referring to any action of hand cleansing. Hand rubbing with an alcohol-based hand rubs or hand washing with soap and water aimed at reducing or inhibiting the growth of microorganisms on hands.
- 4.4 **Mucous membrane:** membrane lining body cavities and canals that lead to outside.
- 4.5 **Solvent:** molecule that has the ability to dissolve other molecules.



5. Policy

- 5.1 It is well known that hand hygiene is one of the most important factors in preventing the spread of infection and the unwashed hands of all healthcare professionals is the most important route of cross-infection in the healthcare environment (Ayliffe et al, 2000). It is therefore, vitally important that Al Masarra Hospital must have a robust hand hygiene policy in place in order to minimize the risk of cross infection via the hands of their healthcare workers.
- 5.1 All health care workers (HCWs) who come into contact either directly with patients or indirectly through equipment or the environment must know how to perform effective hand hygiene practices according to the 5 Moments for Hand Hygiene principles and must apply these to their work area. Work processes and the environment are designed for effective and efficient hand hygiene practices.

6. Procedure

6.1 Indications for hand hygiene

- 6.1.1 Five Moments of Hand Hygiene (*See Appendix 1. 5 Moments of Hand Hygiene*)
- 6.1.1.1 Before touching patient.
 - 6.1.1.2 Before clean/aseptic procedures.
 - 6.1.1.3 After body fluid exposure risk.
 - 6.1.1.4 After touching patient.
 - 6.1.1.5 After touching patient's surroundings.
- 6.1.2 Other opportunities for hand hygiene
- 6.1.2.1 When hands are visibly soiled.
 - 6.1.2.2 After removing gloves.
 - 6.1.2.3 After contact with a source of microorganisms (body fluids and substances, mucous membranes, non-intact skin, surfaces that are likely to be contaminated).
 - 6.1.2.4 After touching a patient.
 - 6.1.2.5 Before leaving the patient's room.



6.2 Techniques

- 6.2.1 Wash hands for a minimum of **40-60 seconds**.
- 6.2.2 Remove excess jewelry.
- 6.2.3 Select a comfortable water temperature.
- 6.2.4 Wet hands with running water.
- 6.2.5 Apply soap to cover all surfaces of the hands.
- 6.2.6 Rub hands palm to palm.
- 6.2.7 Right palm over left dorsum with interlaced fingers and vice versa.
- 6.2.8 Palm to palm with fingers interlaced.
- 6.2.9 Rotational rubbing backward and forward with clasped fingers of the right hand in the left palm and vice versa.
- 6.2.10 Rinse the hands with running water to remove all soap residues, holding hands in upward position over sink.
- 6.2.11 Dry the hands with a paper towel.
- 6.2.12 Turn the faucet off with the used paper towel.

6.3 Hand Rubbing

- 6.3.1 Use alcohol-based hand antiseptic rub for a minimum of **20-30 seconds**.
- 6.3.2 Apply to dry, visibly clean hands.
- 6.3.3 Rub hand vigorously to apply hand antiseptic to all surfaces of hands (as in steps **6.2.5** to **6.2.10** above).
- 6.3.4 Allow hands to dry.

6.4 Agent used for hand hygiene

- 6.4.1 Water
 - 6.4.1.1 Water is described as the universal solvent for a large number of substances.
 - 6.4.1.2 When used alone, water cannot remove dirt from hands.
- 6.4.2 Alcohol
 - 6.4.2.1 Alcohol-based hand antiseptics contain ethanol, isopropanol, n-propanol or a combination of two of these products.



- 6.4.2.2. They have the ability to denature proteins.
- 6.4.2.3. The most effective solutions contain 60%-80% alcohol (a higher concentration is less effective).
- 6.4.2.4 They are rapidly germicidal.
- 6.4.2.5 Such antiseptics are available in gels, liquid, and foam.

6.5 Drying Methods

- 6.5.1 Drying practice is a critical factor to determine the level of bacterial residue.
- 6.5.2 Use paper towels.
- 6.5.3 Pat the skin dry rather than rub it to avoid cracking (skin excoriation may lead to bacteria colonizing the skin).
- 6.5.4 Do not reuse or share hand drying towels.

7. Responsibility

7.1 Infection Control Team Shall:

- 7.1.1 Provide Hand Hygiene training as part of mandatory training programme in line with training needs analysis.
- 7.1.2 Coordinate with audits of Hand Hygiene practice which will be monitored by the Trust Infection Prevention Committee.
- 7.1.3 Ensure the Hand Hygiene policy is reviewed in line with new evidence or at least once every two years.
- 7.1.4 Advise on the positioning and prioritization of Hand Hygiene facilities during redevelopment or the development of new clinical areas.
- 7.1.5 Support the monthly audit programme carried out by the trust nursing managerial structure, and support staff and teams where audit performance is poor, falling below agreed benchmarks within the audit programme.
- 7.1.6 Monitor attendance at Hand Hygiene training as part of the mandatory training programme and follow up those who fail to attend hand hygiene.
- 7.1.7 Ensure good training and resources are available on hand hygiene, including regular updates for Infection Control Link workers.



7.2 All Health Care Workers Shall:

- 7.2.1 Attend mandatory infection control training, which includes Hand Hygiene.
- 7.2.2 Ensure that patient's relatives and visitors are made aware of the "**Clean Your Hands**" campaign and information is freely available in clinical areas.
- 7.2.3 Ensure that empty liquid soap/paper towel/hand gel dispensers are promptly reported to the domestic contractor and replenished. (Occasionally this may mean the member of staff refilling the container themselves).
- 7.2.4 Prompt reporting of damaged liquid soap/hand gels and paper towel dispensers to the Estates department.
- 7.2.5 Ensure their own Hand Hygiene practice at all times.
- 7.2.6 Challenge the poor practice of others.

7.3 Domestic Contractors/Domestic Services Shall:

- 7.3.1 Check and refill liquid soap/hand gel/paper towel dispensers daily and appropriately.
- 7.3.2 Respond promptly to requests to replenish spent liquid soap/paper towel/hand gel dispensers.
- 7.3.3 Ensure that Hand Hygiene facilities are clean and fit for purpose.

7.4 The Infection Prevention and Control and Occupational Health Teams Shall:

- 7.4.1 Advise on the efficiency and suitability of products for Hand Hygiene.
- 7.4.2 Liaise with the companies supplying Hand Hygiene products in the event of a clinical problem.



8. Document History and Version Control

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
1	Initial Release	Siham Al Zadjali	January 2021
2	Review and Update	Siham Al Zadjali	April 2025
Written by	Reviewed by	Approved by	
Siham Al Zadjali	Noora Al Zadjali	Dr. Bader Al Habsi	

9. Related Documents

- 9.1 Appendix 1. 5 Moments of Hand Hygiene
- 9.2 Appendix 2. Audit Tool

10. References

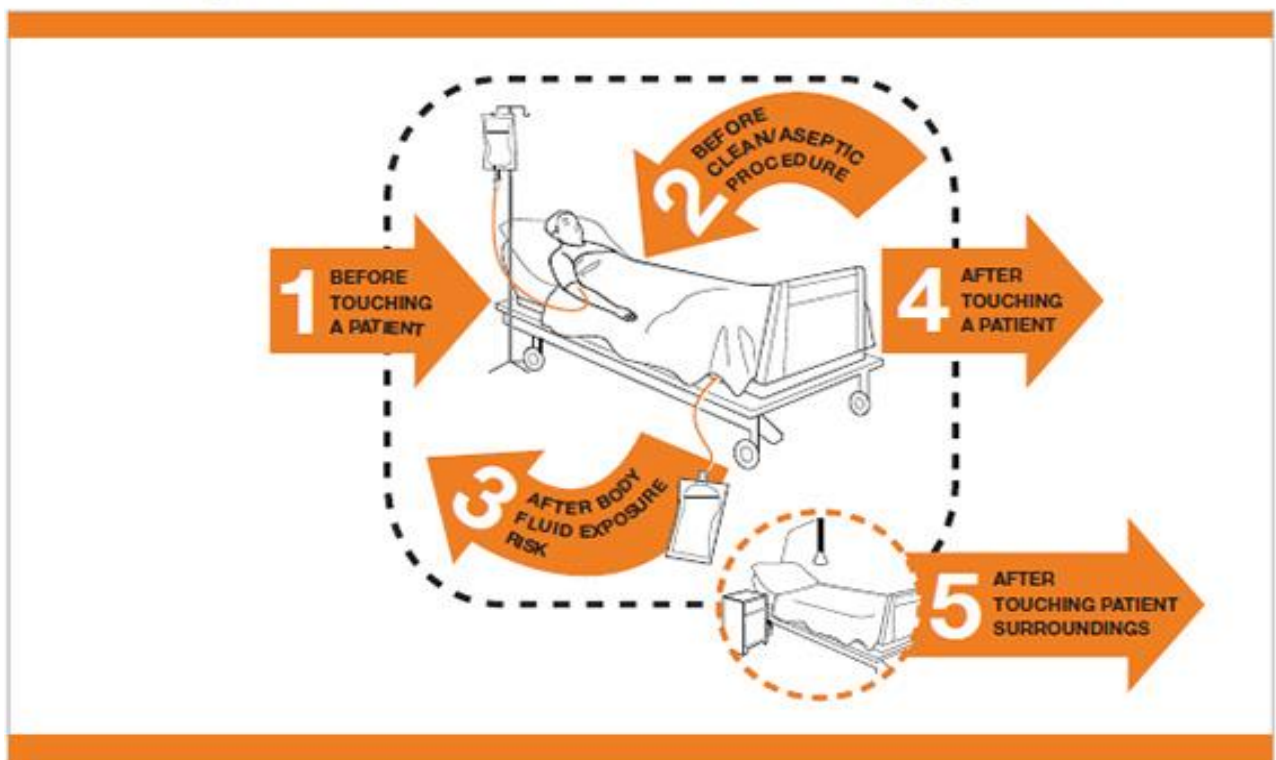
Title of book/journal/articles/ Website	Author	Year of Publication	Page
Hand hygiene	GCC Centre for Infection Control. Ministry of National Guard	2013	Page 30-35



Appendices

Appendix 1. 5 Moments of Hand Hygiene

My 5 Moments for Hand Hygiene





Appendix 2. Hand Hygiene Audit Tool

Al Masarra Hospital
Infection Prevention & Control Department
Hand Hygiene

Code	Audit Process	Standards/Criteria	Yes	Partial	No	N/A	Comment
		A. STRUCTURE					
		Registers and records					
1.	Observation Document Review	Are Hand Hygiene training records available?					
		Hand hygiene facilities					
2.	Observation	Is a hand washing sink available?					
3.	Observation	Is soap available?					
4.	Observation	Is an antimicrobial soap available in the treatment room?					
5.	Observation	Is a tissue paper available?					
6.	Observation	Is an antiseptic hand rub available?					
		B. PROCESS					
		Indications for Hand Hygiene					



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7.	Observation Interview	Are Healthcare Workers following the five moments of hand hygiene?					
8.	Observation Interview	Does the staff perform hand washing before touching a patient?					
9.	Observation Interview	Does the staff perform hand washing before clean/aseptic task?					
10.	Observation Interview	Does the staff perform hand washing after touching a patient?					
11.	Observation Interview	Does the staff perform hand washing after touching the patient's surroundings?					
		Techniques					
12.	Observation Interview	Is hand washing done for a minimum of 40-60 seconds?					
13.	Observation	Are excess jewelry removed?					
14.	Observation Interview	Are the hands kept wet with comfortable water temperature?					
15.	Observation Interview	Is soap applied to cover all surfaces of hands?					
16.	Observation	Are the hands rub palm to palm?					



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	Interview						
17.	Observation Interview	Is the right hand over left dorsum with fingers interlaced done and vice versa?					
18.	Observation Interview	Does the staff perform palm to palm with fingers interlaced?					
19.	Observation Interview	Are the back of fingers to opposing palms with fingers interlaced done?					
20.	Observation Interview	Is the rotational rubbing of the left thumb clasped in the right palm done and vice versa?					
21.	Observation Interview	Is the rotational rubbing backward and forward with clasped fingers of the right hand in the left palm done and vice versa?					
22.	Observation Interview	Is the rinsing of the hands with running water to remove all soap residues, holding hands in upward position over sink done?					
23.	Observation Interview	Are hands dried with a paper towel?					
		Hand Rubbing					
24.	Observation Interview	Are hand rubs applied to dry and visibly clean hands?					
25.	Observation Interview	Are the hands rubbed vigorously to apply hand antiseptic to all surfaces of hands?					



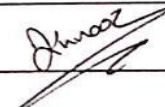
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26.	Observation Interview	Is an alcohol-based hand antiseptic rub used for a minimum of 20-30 seconds?					
27.	Observation Interview	Are the hands allowed to dry?					
		Outcomes					
28.	Observation Interview Document Review	Are all healthcare workers aware on hand hygiene?					



Appendix 3. Document Request Form

Document Request Form			
Section A: Completed by Document Requester			
1. Requester Details			
Name	Siham Al Zadjali	Date of Request	April 2022
Institute	Al Masarra Hospital	Mobile	93693628
Department	Infection Control and Sterilization Service	Email	siham.mohd@hotmail.com
The Purpose of Request			
<input type="checkbox"/> Develop New Document	<input checked="" type="checkbox"/> Modification of Document	<input type="checkbox"/> Cancelling of Document	
1. Document Information			
Document Title	Policy and Procedure of Hand Hygiene		
Document Code	AMRH/IC/P&P/006/Vers.02		
Section B: Completed by Document Controller			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Forward To:.....	
Comment and Recommendation:			
Name	Kunooz Al Balushi	Date	April 2022
Signature		Stamp	





Appendix 4. Document Validation Checklist

Document Validation Checklist					
Document Title: Policy and Procedure of Hand Hygiene			Document Code: AMRH/IC/P&P/006/Vers.02		
No	Criteria	Meets the Criteria			Comments
		Yes	No	N/A	
1.	Approved format used				
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed	✓			
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
2.	Document Content				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)	✓			
3.	Well defined procedures and steps				
3.1	Procedures in orderly manner	✓			
3.2	Procedure define personnel to carry out step	✓			
3.3	Procedures define the use of relevant forms			✓	
3.4	Procedures to define flowchart	✓			
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
4.	General Criteria				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed	✓			
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations..... For implementation More revision To be cancelled.....					
Reviewed by: <u> Kunooz Al Balushi </u> Reviewed by: <u> Ruvilee Ramel-Bueno </u>					

