

Standard Operating Procedure (SOP): Hand Hygiene Protocols and Compliance Monitoring

This SOP details **hand hygiene protocols and compliance monitoring** to prevent the spread of infections in healthcare and workplace settings. It covers proper handwashing techniques, appropriate use of hand sanitizers, timing and frequency of hand hygiene, staff training and education, compliance auditing methods, and corrective actions for non-compliance. The goal is to maintain high standards of hand hygiene to protect the health and safety of employees, patients, and visitors.

1. Purpose

To establish and maintain effective hand hygiene protocols and compliance monitoring mechanisms to reduce the risk of infectious disease transmission.

2. Scope

This SOP applies to all employees, healthcare staff, contractors, and visitors in the facility.

3. Responsibilities

- **Staff:** Follow all hand hygiene protocols as outlined.
- **Supervisors/Managers:** Ensure staff compliance, facilitate training, and implement corrective actions as necessary.
- **Infection Control Team:** Provide education, perform audits, and update protocols as needed.

4. Hand Hygiene Protocols

a. Indications for Hand Hygiene

- Before and after any direct patient or client contact
- Before aseptic tasks and after exposure to body fluids
- After touching potentially contaminated surfaces or objects
- After removing gloves
- Before eating or preparing food; after using the restroom

b. Handwashing Technique

1. Wet hands with water.
2. Apply sufficient soap to cover all hand surfaces.
3. Rub hands palm to palm.
4. Right palm over left dorsum and vice versa with fingers interlaced.
5. Palm to palm with fingers interlaced.
6. Backs of fingers to opposing palms with fingers interlocked.
7. Rotational rubbing of left thumb clasped in right palm and vice versa.
8. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.
9. Rinse hands with water.
10. Dry thoroughly with a single-use towel.
11. Use towel to turn off tap if necessary.
12. Duration: At least 20 seconds in total.

c. Use of Alcohol-Based Hand Rub (ABHR)

- Use if hands are not visibly soiled.
- Apply enough product to cover all hand surfaces and rub until dry (20–30 seconds).
- Not effective when hands are visibly dirty or after contact with bodily fluids-use soap and water instead.

5. Training and Education

- All staff must attend hand hygiene training upon onboarding and annually thereafter or as required.
- Training includes demonstration of handwashing techniques, use of hand sanitizer, and review of this SOP.
- Training records must be maintained and tracked by HR/training responsible party.

6. Compliance Monitoring and Auditing

- Audits to be conducted at least quarterly by the Infection Control Team or designated auditors.
- Observational compliance checks using validated checklists:

Location	Frequency	Responsible
Patient care areas / Workstations	Quarterly	Infection Control Team
Public/common areas	Semi-annually	Supervisors/Managers

- Results documented and reported to management and relevant teams.
- Anonymous feedback may be provided to encourage compliance.

7. Corrective Actions for Non-compliance

- Verbal reminders or retraining for first incidents.
- Written warnings and mandatory retraining for repeated non-compliance.
- Escalation to HR and management for persistent non-compliance in line with organizational policy.

8. Review and Update

- This SOP is reviewed annually or when new guidelines or evidence emerge.
- Updates are communicated to all affected personnel.

9. References

- WHO Guidelines on Hand Hygiene in Health Care
- CDC Hand Hygiene Recommendations
- Organizational infection control policy

10. Document Control

- **SOP Owner:** Infection Control Team Lead
- **Approval Date:** [Insert Date]
- **Review Date:** [Insert Date]
- **Version:** 1.0