



# RIVERSIDE MEDICAL CENTER, INC.



**METRO PACIFIC HEALTH**  
THE HEART OF FILIPINO HEALTHCARE

<b>DEPARTMENT:</b> Medical Services Division		<b>POLICY NUMBER:</b> DPOTMH-APP-PCU-P012-(01)	
<b>TITLE/DESCRIPTION:</b>  HAND HYGIENE			
<b>EFFECTIVE DATE:</b> May 15, 2025	<b>REVISION DUE:</b> May 14, 2028	<b>REPLACES NUMBER:</b> DPOTMH-HW-P12	<b>NO. OF PAGES:</b> 1 of 20
<b>APPLIES TO:</b> All employees of RMCI		<b>POLICY TYPE:</b> Administrative	

## PURPOSE:

1. To provide a standardized procedure of hand hygiene that crosses all levels of the hospital.
2. To consider hand washing as the single most important practice in reducing the transmission of infectious agents, including Healthcare Associated Infections (HAI), during the delivery of care.
3. To emphasize the important role of hospital workers in improving patient/client/visitor safety in preventing and reducing the risk of transmitting infection among patients and healthcare workers through Hand Hygiene.
4. To improve and maintain high standards of hand hygiene compliance among Health care Providers in the hospital.
5. To prevent, reduce and minimize the spread of Healthcare Associated Infections (HAI) in patients and healthcare workers of all level in the hospital.
6. To eradicate the pathogens that cannot be killed through hand rubbing only, including those that are resistant to antibiotics and are becoming difficult, if not impossible, to treat (e.g. Clostridium difficile).
7. To perform the correct steps of Hand Hygiene either Handwashing or Hand Rubbing and to utilize the hand hygiene mobile application during the monthly random audit at the DPOTMH, MRBCC, Una Konsulta Health Care Workers.
8. To undertake hand hygiene as one of the nine elements of Standard Infection Control Precautions to ensure everyone's safety in healthcare facility.
9. Perform Hand Hygiene
  - 9.1 Use Personal Protective Equipment
  - 9.2 Prevent Occupational Exposure to Infection
  - 9.3 Manage blood and body fluid spillages
  - 9.4 Manage Care Equipment
  - 9.5 Control of the Environment
  - 9.6 Safely dispose of waste, including sharps
  - 9.7 Safely Manage Linen
  - 9.8 Provide Care in the Most Appropriate Place

## DEFINITIONS:

**Hand hygiene** - cleaning your hands by using either handwashing (washing hands with soap and water), antiseptic hand wash, antiseptic hand rub (i.e. alcohol-based hand sanitizer including foam or gel), or surgical hand antiseptics.

**Hand cleansing** - action of performing hand hygiene for the purpose of physically or mechanically removing dirt, organic material or microorganisms.

**Hand washing** - is the act of cleaning one's hands with soap and water to remove viruses/





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bacteria/ microorganisms, dirt, grease, or other harmful and unwanted substances stuck to the hands. Using plain or antimicrobial soap and water.

**Hand antiseptis** - reducing or inhibiting the growth of microorganisms by the application of an antiseptic hand rub or by performing an antiseptic hand wash.

**Hand rubbing** - action of applying an alcohol-based (waterless) hand hygiene product; Applying an antiseptic hand rub to reduce or inhibit the growth of microorganisms without the need for an exogenous source of water and requiring no rinsing or drying with towels or other devices.

**Antimicrobial soap** - soap (detergent) containing an antiseptic agent at a concentration sufficient to inactivate microorganisms and/or temporarily suppress their growth. The detergent activity of such soaps may also dislodge transient microorganisms or other contaminants from the skin to facilitate their subsequent removal by water.

**Alcohol-based hand rub** - an alcohol-containing preparation designed for application to the hands for reducing the number of microorganisms on the hands.

**Antiseptic agent** - an antimicrobial substance that is applied to the skin to reduce the number of microbial flora. Examples include alcohols, chlorhexidine, chlorine, hexachlorophene, iodine, chloroxylonol (PCMX), quaternary ammonium compounds, and triclosan.

**Antiseptic hand wash** - washing hands with water and soap or other detergents containing an antiseptic agent.

**Surgical hand antiseptis** - it is an antiseptic hand wash or antiseptic hand rub performed preoperatively by surgical personnel to eliminate transient and reduce resident hand flora. The recommended time for surgical hand washing is 2-5 minutes.

**IPCN** - Infection Prevention and Control Nurse

**HCP** - Healthcare Personnel

**IPC** - Infection Prevention and Control

**HAI** - Healthcare Associated Infections

<b>RESPONSIBILITY:</b> Infection Prevention and Control Unit Staff, Infection Prevention and Control Unit Supervisor
<b>POLICY:</b>  <ol style="list-style-type: none"><li>1. The facility adopts this policy on Hand Hygiene which is the most effective means of preventing and reducing the spread of Healthcare Associated Infections (HAI).</li><li>2. All of the steps detailed in this policy shall aid the process of ensuring hands are free from</li></ol>





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contamination and are therefore not a factor in causing infection. All hospital personnel (medical, ancillary and clerical staff) shall wash their hands to prevent the spread of infections. The unit will be audited once a month on a random basis through security camera monitoring or actual observation. All healthcare workers shall perform hand hygiene to prevent the spread of infections during but not limited to:

- 2.1 When coming on duty
- 2.2 Before entering the Employees entrance (all healthcare workers shall sanitize their hands with alcohol based hand rub before and after using the biometrics)
- 2.3 At the point of care, observing the 5 Moments of Hand Hygiene:
  - 2.3.1 before touching a patient,
  - 2.3.2 before clean/aseptic procedures,
  - 2.3.3 after body fluid exposure/risk,
  - 2.3.4 after touching a patient, and
  - 2.3.5 after touching the patient surroundings
- 2.4 Before donning and doffing of personal protective equipment (e.g gloves, gown, face mask). Glove use does not replace the need for hand hygiene.
- 2.5 When the hands are visibly soiled. Wash with soap and water.
- 2.6 Clean hands before handling medication, parenteral feeding or preparing food.
- 2.7 Before and after personal use of the toilet.
- 2.8 After sneezing, coughing, blowing or wiping of the nose and or the mouth.
- 2.9 On leaving isolation area or after handling articles from an isolation area.
- 2.10 Before eating.
- 2.11 On completion of duty; at the end of the shift or before leaving the unit or the department.

3. The hospital shall promote hand hygiene using posters and other material.

4. **Hand Hygiene Training:** The spread of infection via hands is a well-established fact. This policy highlights the importance of attending hand hygiene training in the reduction of hospital-acquired infections.

5. The completeness of the hand hygiene facility shall be observed at all times. Absence in any of the component of the hand washing facility during the random audit will result to a missed opportunity.

5.1 Hand Washing Facility shall have the following:

- 5.1.1 Clean and cluttered free Sink





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- 5.1.2 Water and Liquid Soap Availability
- 5.1.3 Hand Tissue Towel/ Disposable Paper Towel
- 5.1.4 Proper placement of Hand Hygiene Signage
- 5.2 Alcohol Dispensers - shall be filled at all times

6. **Incident Reporting:** Any incident where failure in hand hygiene has occurred or incomplete hand hygiene facilities were noted leading to poor hand hygiene compliance will warrant an incident report. Healthcare workers who has been audited as non – compliant during the Hand Hygiene Surveillance and found non-compliant in two (2) or more incidents shall be reported to their immediate supervisor. They shall also make an Incident Report to be submitted to the Infection Prevention and Control Unit (PCU) and their immediate respective supervisor.

7. **Adherence to the Policy and Associated Sanctions:**

- 7.1 If a staff is found non-compliant, they shall be reminded of the policy and PCU staff shall reorient the healthcare worker (s) to the hand hygiene policy and counseling shall be done. An incident report shall be warranted if:
- 7.1.1 The staff, after having been asked to decontaminate their hands, deliberately refused to do so.
  - 7.1.2 An individual or group of individuals repeatedly infringe the policy.
  - 7.1.3 The incident form will be sent to the appropriate manager for investigation and consideration of appropriate disciplinary procedures. In circumstances where the member of staff does not wish to directly raise the issue with the individual concerned they should refer it to the PCU Nurse for explanation.
  - 7.1.4 Proper investigation and consideration of appropriate disciplinary actions shall be done by the Human Resource Division.

8. Together with the hospital management team, the PCU team shall manage non-compliance through further education and a zero tolerance procedure.

9. **Monitoring:** All healthcare workers with patient contact shall have annual training in hand hygiene as part of their mandatory training program. The Nursing Service Division shall keep records of attendance for the mandatory training and shall follow up the non-attendees. Other attendance records on hand hygiene training will be kept by the PCU. Compliance with this requirement shall be monitored on a monthly basis of the Quality Assurance and Infection Prevention and Control Unit.





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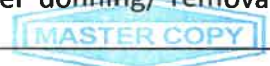


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## PROCEDURE AND RESPONSIBILITY:

1. Wash hands with soap and water when visibly dirty or soiled with blood or other body fluids.
2. Antimicrobial hand rubs shall be used for hand antisepsis if hands are not visibly soiled.
3. Types of Hand Hygiene:
  - 3.1 Routine hand washing
  - 3.2 Antiseptic hand washing
  - 3.3 Antimicrobial hand rub
  - 3.4 Surgical hand wash/ hand antisepsis
4. All Healthcare Providers shall use hand hygiene as set forth in the following procedures: Your 5 Moments for Hand Hygiene (See attachment Poster -HW QP-08 HH (a))
  - 4.1 Before patient contact - this is to protect the patient against harmful germs carried on your hands.
  - 4.2 Before clean/aseptic procedure - this is to protect the patient against harmful germs, including the patient's own, from entering his/her body.
  - 4.3 After body fluid exposure risk - to protect yourself and the healthcare environment from harmful patient germs.
  - 4.4 After touching a patient - to protect yourself and the healthcare environment from harmful patient germs.
  - 4.5 After touching patient surroundings - to protect yourself and the healthcare environment from harmful patient germs.
  - 4.6 When alcohol-based hand rub is already used, do not use antimicrobial soap concomitantly.
5. Other opportunities/indications for hand Hygiene:
  - 5.1 Before starting and leaving work.
  - 5.2 Before and after contact with patients.
  - 5.3 Before leaving an isolation room.
  - 5.4 Before and after performing invasive/non-invasive procedures.
  - 5.5 Before and after handling an invasive device (regardless of whether or not gloves are used) for patient care.
  - 5.6 Before donning gloves and after removing gloves. Before and after donning/ removal of







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- other personal protective equipment.
- 5.7 Before and after preparing/ handling or eating food.
  - 5.8 Before and after bed making.
  - 5.9 Before and after preparing/ handling medication.
  - 5.10 Before and after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
  - 5.11 If moving from a contaminated body site to a clean body site during patient care.
  - 5.12 After contact with body fluids or excretions, mucous membranes, non- intact skin, or wound dressings
  - 5.13 After using toilet facilities.
  - 5.14 After handling contaminated laundry/waste.
  - 5.15 After contact with other potentially hazardous material such as chemicals or disinfectants.
6. Basic rules for hand hygiene are:
- 6.1 Finger nails shall be cut short and clean (tips less than 0.5cm long) as microbes can often multiply under dirty nails
  - 6.2 Nail varnish shall not be used as microbes can often multiply in cracked varnish
  - 6.3 Do not use nail brush, as nail brush could damage the skin which can be colonized by microbes.
  - 6.4 Keep cut and sores clean and covered
  - 6.5 Rings, bracelets and wrist watches shall not be worn.
  - 6.6 In the event of interruption of water supply, alternative agents such as antimicrobial hand rubs shall be available.
7. Drying the Hands:
- 7.1 Hands shall be pat dry with clean disposable paper towels. Drying the hands completes the hand hygiene process.
  - 7.2 If an antimicrobial solution is used the hands shall be rubbed vigorously using the technique (see attachment Poster- HW-QP-08 HH (c)) until all of the antimicrobial solution has evaporated and the hands are completely dry.
8. Hand Cream:
- 8.1 Regular use of hand cream/ moisturizers can help to protect the skin on the hands and prevent cracking and chaffing.
  - 8.2 Hand creams/ moisturizers shall not be shared among healthcare providers.





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**9. Duration of hand hygiene:**

- 9.1 When performing hand hygiene using soap and water/antimicrobial hand rub observe contact time of 10 - 15 seconds with friction covering all surfaces of the hands and fingers.

**10. Monitoring hand hygiene compliance:**

- 10.1 Ensure compliance with the hand hygiene guidelines and identify areas or units where the hand hygiene compliance is not adequate and then take steps to educate all concerned staff.

**11. Hand washing technique with soap and water: (See attachment Poster- HW-QP-08 HH(b))**

- 11.1 Duration of entire procedure: 40-60 seconds.  
11.2 In Between patients: 10-15 seconds.  
11.3 Wet hands with running water.  
11.4 Apply enough soap to cover all surfaces of the hands.  
11.5 Rub hands palm to palm.  
11.6 Right palm over the left dorsum and left palm over the right dorsum with interlaced fingers and vice – versa.  
11.7 Palm to palm fingers interlaced.  
11.8 Back of fingers to opposing palm with fingers Interlocked.  
11.9 Rotational rubbing of right thumb clasped in left palm and vice versa.  
11.10 Rotational rubbing, backwards and forward with clasped fingers of right hand in left palm and vice-versa.  
11.11 Rinse hands with running water.  
11.12 Pat dry hands with clean disposable paper towels.  
11.13 Use paper towel/ elbow to turn off the faucet.  
11.14 Dispose used hand towels in the general waste bag.

**12. Hand hygiene technique with antimicrobial solution: (See attachment Poster- HW-QP-08 HH(c))**

- 12.1 Duration of entire procedure: 20-30 seconds.  
12.2 Apply a palm full of the product in a cupped hand and cover all surfaces.  
12.3 Follow steps 4.11.3 - 4.11.9  
12.4 Rub hands until hands are dry.

**13. Surgical hand wash/ hand scrub: (See attachment Poster)**

- 13.1 With all jewelry remove, pre-scrub and wash the hands and arms with an anti-microbial

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- soap and warm water and warm water.
- 13.2 Clean the subungual areas of the nails with a nail tool.
  - 13.3 Begin the surgical scrub by scrubbing the fingers, the area between the fingers, the hands, and the back of the hands for at least 2 minutes.
  - 13.4 Scrub the arms, making sure the hands are higher than the arms at all times so that bacteria from the soap and water cannot contaminate the hands.
  - 13.5 Wash the sides of the arm and up to 2 inches above the elbow for at least 1 minute. Repeat the process for the other arm.
  - 13.6 From the fingertips to the elbow, rinse the hands and arms by passing then through the water in one direction only.
  - 13.7 With hands held up, proceed to the surgical area. It may be necessary to back through the door of the surgical suite.
14. Support and Compliance of Hand Hygiene:
- 14.1 The healthcare provider establishes, implements, and maintains a policy and procedures for hand hygiene, consistent with published best practice guidelines (WHO).
  - 14.2 The healthcare provider promotes awareness of hand hygiene strategies to patients and public in general through availability of hand hygiene posters on hand washing and hand rub stations.
  - 14.3 The PCI Staff ensure staff are educated and informed about hand hygiene relevant to staff roles and responsibilities on induction/orientation program on the facility, departmental, annually and when the need arises.
  - 14.4 The healthcare provider identifies opportunities and implements improvements to hand hygiene as part of the organization's continuous quality improvement and/or risk management strategies.
  - 14.5 Hand hygiene competency and compliance are monitored thru station or unit audit of the IPC Staff and secret shoppers using the data collection tool for hand hygiene observation (refer to DPOTMH-PCU-F001)).
15. Data Communication:
- 15.1 Monthly KPI reports are communicated to unit/station/service head, TQD, Management Committee and IPC Committee.
16. Management Responsibilities:
- 16.1 Management Committee, clinical managers & head of the departments/services/units







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demonstrate commitment and support for the hand hygiene program by providing actions being taken and/or recommendations being implemented to improve hand hygiene.





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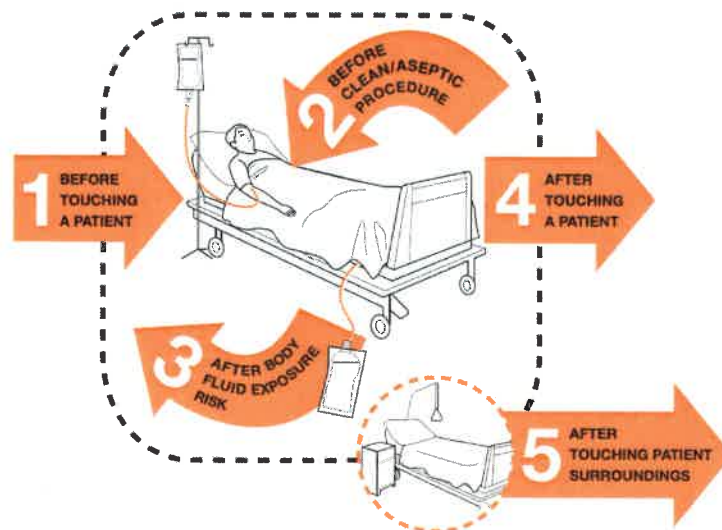
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## Posters:

### Appendix A

# Your 5 Moments for Hand Hygiene



<b>1</b> BEFORE TOUCHING A PATIENT	<b>WHEN?</b> <b>WHY?</b>	Clean your hands before touching a patient when approaching him/her. To protect the patient against harmful germs carried on your hands.
<b>2</b> BEFORE CLEAN/ ASEPTIC PROCEDURE	<b>WHEN?</b> <b>WHY?</b>	Clean your hands immediately before performing a clean/aseptic procedure. To protect the patient against harmful germs, including the patient's own, from entering his/her body.
<b>3</b> AFTER BODY FLUID EXPOSURE RISK	<b>WHEN?</b> <b>WHY?</b>	Clean your hands immediately after an exposure risk to body fluids (and after glove removal). To protect yourself and the health-care environment from harmful patient germs.
<b>4</b> AFTER TOUCHING A PATIENT	<b>WHEN?</b> <b>WHY?</b>	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side. To protect yourself and the health-care environment from harmful patient germs.
<b>5</b> AFTER TOUCHING PATIENT SURROUNDINGS	<b>WHEN?</b> <b>WHY?</b>	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even if the patient has not been touched. To protect yourself and the health-care environment from harmful patient germs.



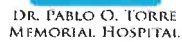
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Patient Safety  
a priority initiative for Sustainable Development

SAVE LIVES  
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## Appendix B

# How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 **Duration of the entire procedure: 40-60 seconds**



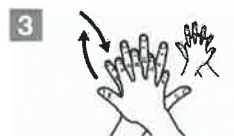
**Wet hands with water;**



Apply enough soap to cover all hand surfaces;



1. Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



**Palm to palm with fingers interlaced:**



**Backs of fingers to opposing palms  
with fingers interlocked;**



Rotational rubbing of left thumb clasped in right palm and vice versa;



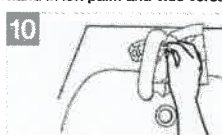
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



**Rinse hands with water:**



**Dry hands thoroughly with a single use towel:**



Use towel to turn off faucet:



**Your hands are now safe.**



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## Patient Safety

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## Appendix C

# How to Handrub?

**RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED**

**⌚ Duration of the entire procedure: 20-30 seconds**

**1a**



Apply a palmful of the product in a cupped hand, covering all surfaces;

**1b**

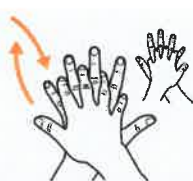


**2**



Rub hands palm to palm;

**3**



Right palm over left dorsum with interlaced fingers and vice versa;

**4**



Palm to palm with fingers interlaced;

**5**



Backs of fingers to opposing palms with fingers interlocked;

**6**



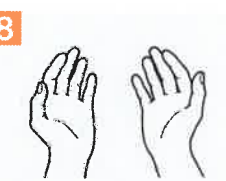
Rotational rubbing of left thumb clasped in right palm and vice versa;

**7**



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

**8**



Once dry, your hands are safe.



**World Health Organization**

**Patient Safety**

A World Alliance for Safer Health Care

**SAVE LIVES**  
Clean Your Hands

All illustrative procedures have been taken from the World Health Organization's official hand hygiene curriculum in this document. However, the document is not a teaching tool and should not be used as a reference for training purposes. The document is for informational purposes only and should not be used as a reference for training purposes. The document is for informational purposes only and should not be used as a reference for training purposes. The document is for informational purposes only and should not be used as a reference for training purposes.







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**METRO PACIFIC HEALTH**  
THE HEART OF FILIPINO HEALTHCARE

<b>DEPARTMENT:</b> Medical Services Division		<b>POLICY NUMBER:</b> DPOTMH-APP-PCU-P012-(01)	
<b>TITLE/DESCRIPTION:</b>  <b>HAND HYGIENE</b>			
<b>EFFECTIVE DATE:</b> May 15, 2025	<b>REVISION DUE:</b> May 14, 2028	<b>REPLACES NUMBER:</b> DPOTMH-HW-P12	<b>NO. OF PAGES:</b> 13 of 20
<b>APPLIES TO:</b> All employees of RMCI		<b>POLICY TYPE:</b> Administrative	

## Surgical hand scrub



1. With all jewelry removed, pre-scrub and wash the hands and arms with an antimicrobial soap and warm water.



2. Clean the subungual areas of the nails with a nail tool.



3. Begin the surgical scrub by scrubbing the fingers, the area between the fingers, the hands, and the back of the hands for at least 2 minutes.



4. Scrub the arms, making sure the hands are higher than the arms at all times so that bacteria from the soap and water cannot contaminate the hands.



5. Wash the sides of the arm and up to 2 inches above the elbow for at least 1 minute.

Repeat the process for the other



6. From the fingertips to the elbow, rinse the hands and arms by passing them through the water in one direction only.

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## Surgical hand preparation technique with an alcohol-based handrub formulation

The handrubbing technique for surgical hand preparation must be performed on perfectly clean, dry hands. On arrival in the operating theatre and after having donned theatre clothing (cap/hat/bonnet and mask), hands must be washed with soap and water. After the operation when removing gloves, hands must be rubbed with an alcohol-based formulation or washed with soap and water if any residual talc or biological fluids are present (e.g. the glove is punctured).

Surgical procedures may be carried out one after the other without the need for handwashing, provided that the handrubbing technique for surgical hand preparation is followed (Images 1 to 17).



**1**  
Put approximately 5ml (3 doses) of alcohol-based handrub in the palm of your left hand, using the elbow of your other arm to operate the dispenser



**2**  
Dip the fingertips of your right hand in the handrub to decontaminate under the nails (5 seconds)



**3**  
Images 3-7: Smear the handrub on the right forearm up to the elbow. Ensure that the whole skin area is covered by using circular movements around the forearm until the handrub has fully evaporated (10-15 seconds)



**4**  
See legend for Image 3



**5**  
See legend for Image 3



**6**  
See legend for Image 3



**7**  
See legend for Image 3



**8**  
Put approximately 5ml (3 doses) of



**9**  
Dip the fingertips of your left hand in the



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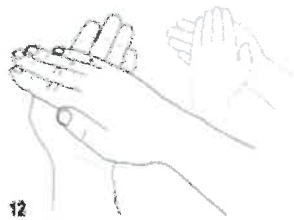
**POLICY TYPE:** Administrative

10

Smear the handrub on the left forearm up to the elbow. Ensure that the whole skin area is covered by using circular movements around the forearm until the handrub has fully evaporated (10-15 seconds)

11

Put approximately 5ml (3 doses) of alcohol-based handrub in the palm of your left hand, using the elbow of your other arm to operate the distributor. Rub both hands at the same time up to the wrists, and ensure that all the steps represented in Images 12-17 are followed (20-30 seconds)



12

Cover the whole surface of the hands up to the wrist with alcohol-based handrub, rubbing palm against palm with a rotating movement



13

Rub the back of the left hand, including the wrist, moving the right palm back and forth, and vice-versa



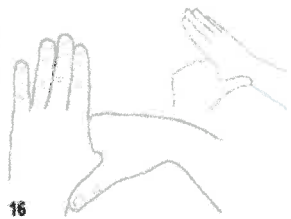
14

Rub palm against palm back and forth with fingers interlinked



15

Rub the back of the fingers by holding them in the palm of the other hand with a sideways back and forth movement



16

Rub the thumb of the left hand by rotating it in the clasped palm of the right hand and vice versa



17

When the hands are dry, sterile surgical clothing and gloves can be donned

Repeat the above-illustrated sequence (average duration, 60 sec) according to the number of times corresponding to the total duration recommended by the manufacturer for surgical hand preparation with an alcohol-based handrub.





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## PROCEDURE (SOP):

1. Infection Prevention and Control Unit Staff goes to the department/unit assigned by the immediate supervisor for the Monthly Hand Hygiene Audit and will observe one (1) healthcare worker at a time for thorough assessment of the Hand hygiene Compliance.
  - 1.1 The completeness of the hand washing facility will be observed during the random monthly audit and the 5 moments of hand hygiene.
2. The PCU Staff utilizes the Hand Hygiene Mobile Application Tool to encode the unit, healthcare worker name, and the moment that he/she performed or missed.
3. PCU Staff classifies on the mobile application tool the utilized hand hygiene observing the World Health Organization guide for Hand Rubbing that is between 20 – 30 seconds and Hand Washing is between 40 – 60 seconds, or missed.
4. The Infection Prevention and Control Unit Staff observes the same person during the duration of the audit.
5. After the audit, the PCU Staff introduces herself/himself to the audited staff of the assigned unit to feedback the outcome of the monitoring. If the audited staff is occupied of her tasks, the feedback will be relayed to the immediate supervisor.
6. The PCU Staff completes the Hand Hygiene mobile application tool and the data will automatically be sent to PCU's official email address.
7. The PCU Supervisor checks and send a copy of the report to the audited unit and collate the report for monthly reporting to the Management Committee. The unit can be audited twice if deemed necessary.





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## WORK INSTRUCTION:

KEY TASKS	PERSON RESPONSIBLE
1. Goes to the department/ unit assigned by the immediate supervisor for the Monthly Hand Hygiene Audit and observes one (1) healthcare worker at a time for thorough assessment of the Hand hygiene Compliance.	Infection Prevention and Control Unit Staff
2. Utilizes the Hand Hygiene Mobile Application Tool to encode the unit, healthcare worker name, and the moment that he/she performed or missed.	
3. Classifies on the mobile application tool the utilized hand hygiene observing the World Health Organization guide for Hand Rubbing that is between 20-30 seconds and Hand Washing is between 40-60 seconds, or missed.	
4. Introduces self to the audited staff of the assigned unit to feedback the outcome of the monitoring.	
5. Receives the feedback for the outcome of the monitoring if the audited staff is occupied of his/her tasks.	
6. Completes the Hand Hygiene mobile application tool; the data will automatically be sent to PCU's official email address.	
7. Checks and sends a copy of the report to the audited unit and collates the report for monthly reporting to the Management Committee.	Infection Prevention and Control Unit Supervisor





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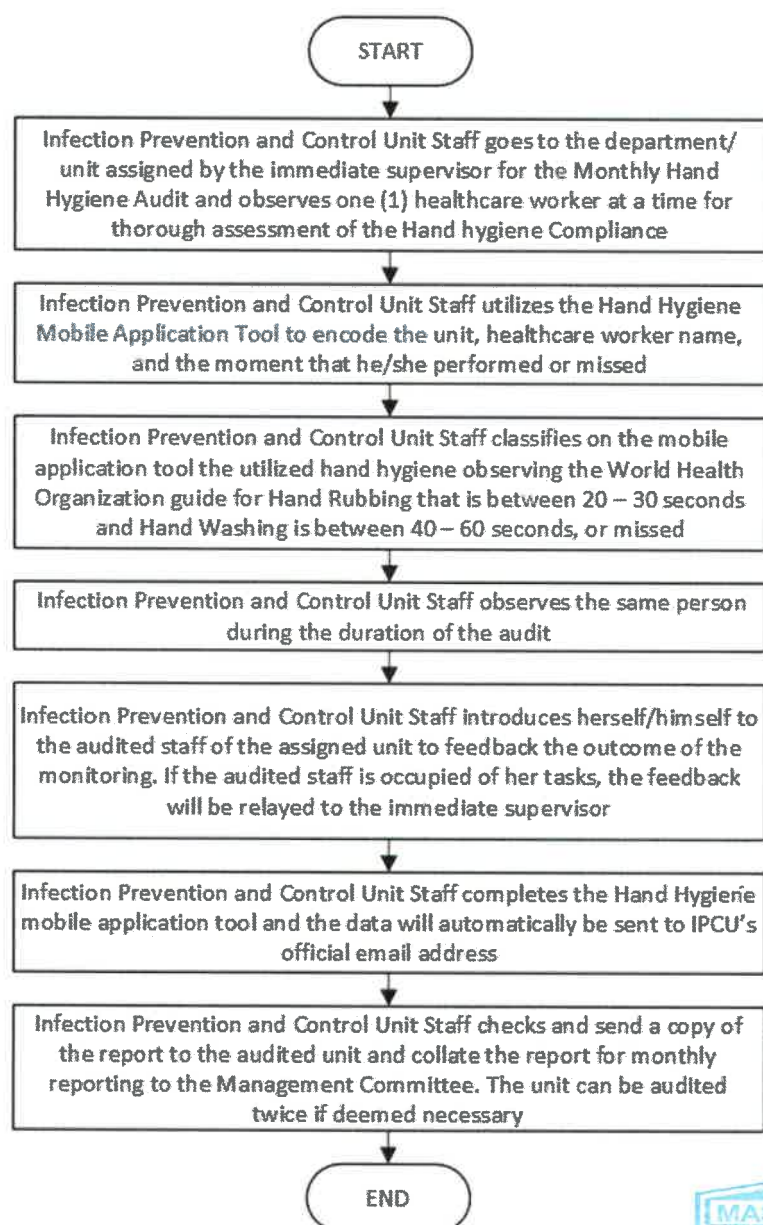
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## WORK FLOW:







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## FORMS:

1. DPOTMH-PCU-F001 (01) - Hand Hygiene Audit

**EQUIPMENT:** N/A

## REFERENCES:

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APPROVAL:				
	Name/Title	Signature	Date	TQM Stamp
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