WHO 5 Moments for Hand Hygiene: Nursing Examples

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The WHO 5 Moments for Hand Hygiene describe when hands need cleaning during patient care: before patient contact, before a clean or aseptic task, after body-fluid exposure risk, after patient contact, and after contact with the patient's surroundings. The examples below show how those moments fit into ordinary nursing tasks and OSCE practice.

Follow this with aseptic wound dressing or use it while rehearsing an NMC OSCE station. Read the WHO's original Five Moments resource for the framework.

Are the five moments the same as handwashing steps?

No. The five moments identify when hand hygiene is needed. The handrub or handwashing technique describes how to clean all hand surfaces. A correct technique at the wrong time can still allow contamination during care.

Do gloves replace hand hygiene?

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No. Clean your hands at the indicated moments and after removing gloves. If a clean or aseptic task is next, assess the need for hand hygiene and fresh gloves under the relevant procedure.

Practice example: after handling used dressing material, remove gloves and perform hand hygiene. Before the next aseptic task, protect the clean equipment and key parts from further contamination. Identify each change of task instead of assuming the first hand clean covers the whole encounter.

Source: WHO guidance on gloves and hand hygiene.

Learning outcomes

- Recall the WHO Five Moments
- Distinguish appropriate glove use
- Explain why all hand surfaces need attention
- Correct common contamination errors
- WHO 5 Moments: when and why
- Equipment and preparation
- Alcohol rub or soap and water
- Gloves and hand hygiene
- Common errors and correction
- Documentation and patient education

1. WHO 5 Moments: when and why

What are the WHO 5 Moments for Hand Hygiene? Healthcare workers should clean their hands (1) before touching a patient, (2) before a clean or aseptic procedure, (3) after a risk of exposure to body fluids, (4) after touching a patient, and (5) after touching the patient's surroundings. The timing matters: cleaning hands at the start of a shift cannot replace hygiene at each point-of-care opportunity.

- Before touching a patient (Moment 1): Clean hands just before approaching for contact, such as helping a patient sit up, checking a pulse or performing a physical examination. The aim is to protect the patient from microorganisms carried on the worker's hands.
- Before a clean or aseptic procedure (Moment 2): Clean hands immediately before a task that could introduce organisms into a vulnerable site, such as handling a clean wound dressing or accessing an invasive device. This moment may arise during care of the same patient, even if hands were cleaned before the initial examination.
- After body-fluid exposure risk (Moment 3): Clean hands promptly following a task with potential exposure to blood, secretions, excretions or contaminated dressings; remove gloves safely first if worn. This protects the worker and prevents transfer to nearby surfaces.
- After touching a patient (Moment 4): Clean hands after direct contact, including assisting with movement or an assessment, before touching the wider healthcare environment.
- After touching patient surroundings (Moment 5): Clean hands after contact with items in the patient's immediate zone, such as a bed rail, bedside table or call bell, even if the patient was never touched. This is the commonly missed distinction between Moments 4 and 5.

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The patient zone matters: a bedside rail belongs to the patient's immediate surroundings, whereas shared equipment and circulation spaces may belong to the wider healthcare area. Recognise when a task takes hands from the patient zone to shared items. A continuous sequence can generate several hand-hygiene indications; plan them around actual contact and contamination risk rather than mechanically performing five actions in numerical order.

Worked bedside sequence: A nurse cleans hands before taking a patient's pulse (Moment 1), finishes direct contact and cleans hands (Moment 4), then puts on indicated gloves to remove a soiled dressing. After removing gloves and cleaning hands (Moment 3), the nurse establishes a clean work area and performs hand hygiene immediately before the aseptic part of the new dressing procedure (Moment 2). After touching the bed rail while tidying, the nurse cleans hands on leaving the patient zone (Moment 5). Where two indications coincide without an intervening contaminating contact, one correctly timed hand-hygiene action can satisfy both. These are teaching examples; real opportunities depend on the exact order of contact, including any newly contaminated objects.

Evidence: WHO hand hygiene resources describe the five indications. CDC clinical safety recommendations explain additional task-specific indications.

2. Equipment and preparation

Appropriate resources can include approved alcohol-based hand rub, access to handwashing facilities, soap, clean running water and suitable hand-drying material. Ensure skin integrity, follow local rules about jewellery and nails and check whether visibly soiled hands or an organism-specific situation makes washing with soap and water necessary.

3. Alcohol hand rub or soap and water?

Use an approved alcohol-based hand rub for most routine healthcare hand-hygiene opportunities when hands are not visibly soiled. The CDC favours it in most clinical situations because it is effective, accessible at the point of care and generally less irritating than frequent washing. Select soap and water when hands are visibly dirty, before eating and after using the toilet. During suspected or confirmed C. difficile or norovirus outbreaks, follow the applicable infection-prevention policy and handwashing precautions; pathogen-specific guidance and institutional rules take precedence.

Using alcohol-based hand rub

- Dispense enough approved product to cover all hand surfaces; follow the product instructions.
- Rub palms, backs of hands, between fingers, thumbs, fingertips and around nails.
- Continue until completely dry; do not wipe it off early or put gloves on while hands remain wet.

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WHO’s illustrated routine hand-rub technique takes approximately 20-30 seconds for the complete procedure. Effectiveness depends on adequate volume, coverage and drying, not just watching a clock.

Washing with soap and water

- Wet hands with clean running water, then apply suitable soap.
- Lather and cover all hand surfaces, especially fingertips, thumbs and between fingers.
- Rinse thoroughly; dry with a suitable single-use towel and avoid recontaminating cleaned hands when closing a manually operated tap.

WHO’s illustrated whole handwashing procedure takes approximately 40-60 seconds. Local protocols and manufacturer instructions must also be followed. These are educational timings, not a substitute for clinical competency assessment.

Original technique references: WHO hand-rub poster and WHO handwash poster.

4. Glove selection, changes and hand hygiene

Gloves do not replace hand hygiene. Wear the appropriate type when a task is likely to involve blood, body fluids, mucous membranes, non-intact skin or other exposures requiring Standard or Transmission-Based Precautions. Routine contact with intact skin does not

automatically require gloves; follow the assessed task and current facility policy.

- Before putting on gloves: perform hand hygiene when indicated, especially before patient contact or a clean/aseptic procedure; let hands dry before donning gloves.
- During care: change gloves if torn, damaged or contaminated, when moving from a dirty to a clean body site, and between patients. A contaminated glove must not touch a clean dressing pack, phone or shared computer.
- After removal: remove gloves without contaminating skin and clean hands immediately. Gloves may leak or contaminate hands during removal.

OSCE example: A student removes gloves used for a soiled dressing and picks up a fresh sterile pack. The correct response is to stop, clean hands after glove removal and before the clean/aseptic step, and restore an uncontaminated work area. Simply changing gloves without hand hygiene does not address the exposure.

WHO's 2025 hand-hygiene campaign emphasised appropriate glove use alongside the five moments. See WHO 2025 guidance and CDC guidance for healthcare workers.

5. Common errors and correction

Frequent mistakes include neglecting patient surroundings, missing fingertips or thumbs, using gloves instead of hand hygiene and touching unclean surfaces after preparation for an aseptic task. Correct an observed breach promptly and without blame.

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6. Documentation and patient education

Hand hygiene itself is usually not documented for each routine contact, but compliance monitoring and incident reporting follow local systems. Educate patients and families to ask about hand hygiene and access facilities. Explain precautions respectfully to preserve trust.

Equipment and preparation overview

- Patient and care moment identification
- Hand rub or soap and water as indicated
- Suitable waste disposal and skin-care materials
- Appropriate task-based gloves when indicated

Hand hygiene decisions at a glance

Concept	Meaning	Key distinction
Before patient contact	Protect the person	Moment 1
Before clean/aseptic procedure	Protect a susceptible site	Moment 2
After body-fluid exposure risk	Protect self and environment	Moment 3

Concept	Meaning	Key distinction
After patient contact	Reduce transfer	Moment 4
After touching surroundings	Prevent environmental spread	Moment 5

Recognise the moment, clean your hands, continue care

Sequence for safe reasoning and preparation

Applied case: A student removes gloves after dressing care, then begins taking a blood pressure without hand hygiene.

This misses the hand hygiene opportunity after glove removal and before the next patient contact. The gloves did not eliminate transmission risk.

Clinical safety alert: This educational guide does not authorise unsupervised clinical procedures, prescribing, changes in medicines or the withdrawal of infection precautions. Always follow current patient-specific orders, manufacturer instructions, institutional protocols and competency requirements.

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OSCE demonstration and documentation

Before demonstrating this skill, confirm the simulated patient's identity, explain the purpose, seek appropriate consent and assess environmental safety. Verbalise clinical reasoning at decision points instead of reciting a mechanical script. Maintain indicated hand hygiene and PPE, recognise where to stop or escalate, and document only observations and actions that actually occurred. A breach in technique should be corrected rather than concealed.

Hand hygiene technique, timing and clinical examples

The WHO five moments mapped to an actual care encounter

The WHO approach distinguishes moments before touching the patient, before a clean or aseptic procedure, after body-fluid exposure risk, after touching the patient and after touching patient surroundings. The distinction between moment 4 and moment 5 is especially important: the nurse may have touched the bed rail or monitor but not the patient, yet hand hygiene is still relevant before leaving the patient zone. Conversely, a nurse may need to perform hygiene twice in one encounter, such as after a contaminated task and immediately before preparing an aseptic procedure.

Patient zone and healthcare area

The patient zone includes the patient and their immediate surroundings; the healthcare area includes the wider care environment. Moving between zones is an opportunity for organisms to be transferred. Consider a nurse who adjusts a bed rail, then opens a cupboard containing clean dressing supplies: the nurse’s hands have moved from the patient zone to shared equipment. Successful prevention requires recognising the transition rather than relying on whether the hands look dirty.

Alcohol rub and soap-and-water decisions

Alcohol-based hand rub is appropriate for many routine clinical hand-hygiene indications when hands are not visibly soiled and workplace guidance permits it. Washing with soap and water is required in other situations, including visibly soiled hands and certain organism-specific precautions according to policy. Do not assume that "stronger" alcohol concentration is always better, nor that gloves make either hygiene method unnecessary. The duration and product use must follow approved training and the manufacturer’s instructions.

Gloves and clean/aseptic tasks

Gloves are selected according to anticipated contact with blood, body fluids, mucous membranes, non-intact skin or chemical hazards. They are not a general replacement for hand cleaning and cannot make a contaminated field sterile. A frequent student error is touching an unclean keyboard with gloved hands and then returning to patient care. Correct practice involves removing or changing gloves as indicated and cleaning hands at the relevant moment. Be alert to contact dermatitis and latex or product sensitivities.

Observation checklist and debrief

In a supervised skills assessment, observe whether the student identifies the correct moments, uses the approved product, attends to all hand surfaces, avoids recontamination, removes PPE safely and explains the action to the patient when appropriate. The examiner should give feedback on specific observed behaviours rather than counting a memorised gesture sequence alone. In a debrief, ask which object was touched immediately before the omitted hygiene opportunity and what contamination pathway it created.

Reference table: verified details and exceptions

WHO moment	Example in practice	Purpose
1. Before touching patient	Before examination	Protect patient
2. Before clean/aseptic procedure	Before prepared dressing task	Protect susceptible body site
3. After body fluid risk	After handling soiled material	Protect self and environment

WHO moment	Example in practice	Purpose
4. After touching patient	After completing assessment	Reduce spread outward
5. After touching surroundings	After bed-rail contact	Reduce spread outward

Worked scenario: where students commonly go wrong

A student measures observations then handles a clean dressing pack. Even if the student wore gloves for the observations, the gloves may have touched equipment and surfaces. Hand hygiene and a fresh appropriate setup are needed before the aseptic task. Identify which WHO moments apply and why.

Short questions and explained answers

1. Why is WHO Moment 5 needed if the nurse never touches the patient?

The patient's immediate environment may carry microorganisms from previous contact. Touching a bed rail, call bell or bedside table can contaminate hands without direct patient contact. Moment 5 interrupts transfer from these surfaces to shared equipment or another patient. Moment 4 applies to direct patient contact; Moment 5 applies to patient surroundings.

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2. Does wearing gloves remove the need for hand hygiene?

No. Gloves may be contaminated during care or during removal. Perform hand hygiene at the indicated moments before donning gloves and after removing them. Change gloves between patients and when transitioning from a contaminated body site to a clean one. Replacing gloves alone is not an adequate substitute.

3. When should a nurse choose soap and water rather than alcohol hand rub?

Use soap and water if hands are visibly soiled, before eating or after using the toilet; also follow outbreak-specific and institutional precautions, including those applicable to C. difficile or norovirus. For most other routine clinical indications where hands are not visibly soiled, approved alcohol-based hand rub is preferred by CDC guidance. Different settings and jurisdictions may have additional requirements.

4. What if a nurse moves from a contaminated task to an aseptic task on the same patient?

Recognise both the need to clean hands after contamination and the need to protect the next clean or aseptic task. Remove contaminated gloves, perform hand hygiene and prepare an uncontaminated field. Perform hand hygiene immediately before the aseptic procedure if

contact with equipment or surfaces in between has created a new opportunity.

5. How can a student demonstrate the five moments in an OSCE?

Explain the indication before each simulated contact and identify when hand hygiene is required by the task sequence, rather than merely reciting the five labels. Use appropriate technique, allow hands to dry, change gloves where indicated, and correct a missed moment promptly. The exact OSCE marking criteria depend on the examining institution.

Related study: Standard Precautions and Transmission-Based Infection Prevention explains how hand hygiene fits with PPE and infection control. For application to wound care, see Aseptic Wound Assessment and Dressing.

Key official sources for this expanded content

- WHO five moments and hand hygiene resources (accessed and reviewed October 2026)
- NICE CG139 infection prevention (accessed and reviewed October 2026)

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References and verification

- WHO Hand Hygiene training tools
- WHO glove and hand hygiene guidance
- NICE healthcare-associated infections

Editorial review: Prepared 10 October 2026 for review by Faizan. Content has not been independently clinically peer-reviewed; review current standards before practical use. MCQs: Questions belong in the separate Nursing Practice MCQs, not within these lessons.

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