



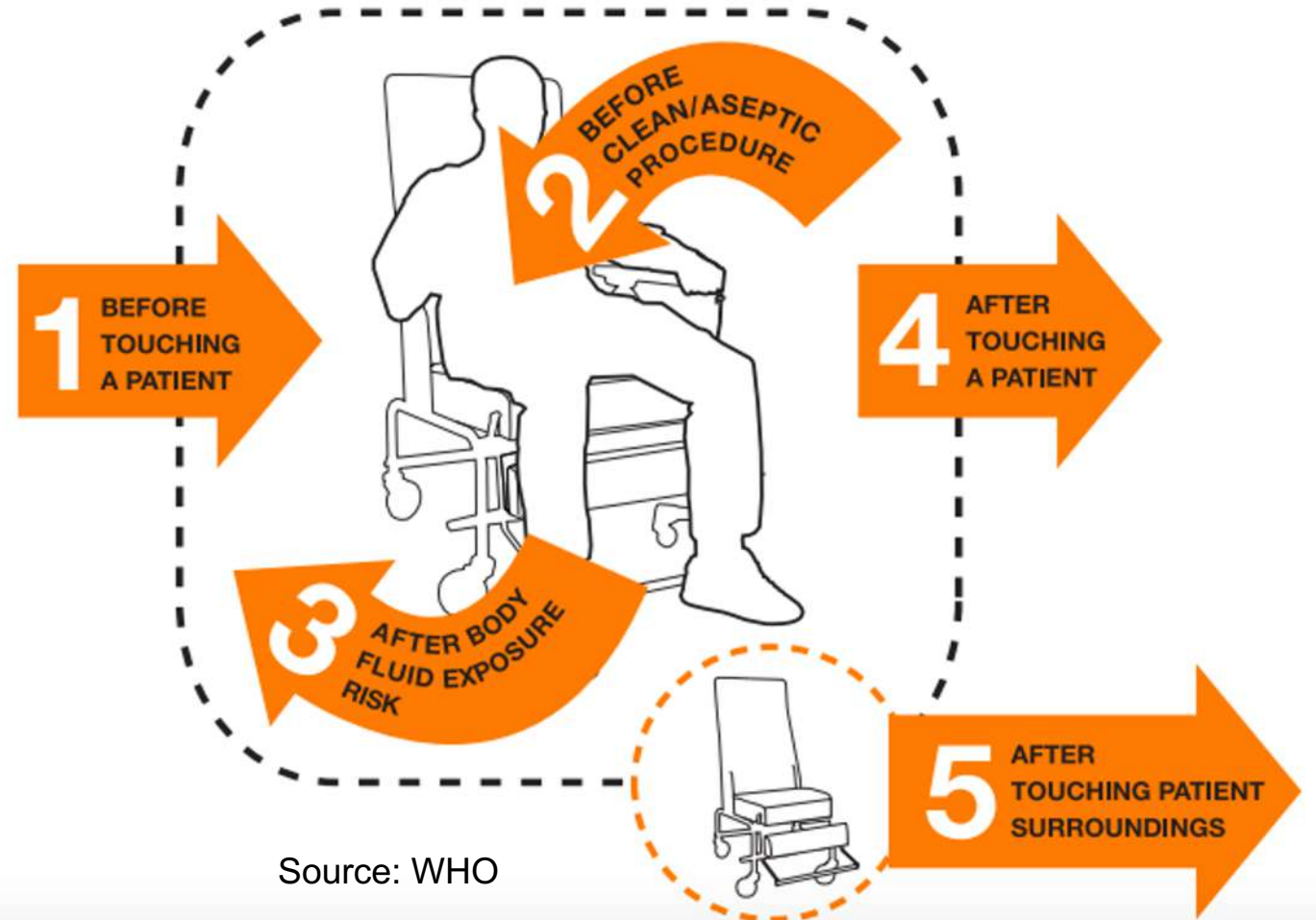
HAND HYGIENE IN HEALTHCARE

What are we seeking to achieve?

Prevention of the spread of infection by healthcare workers to themselves and to patients.

Currently healthcare workers wash their hands less than half the time they should.

Your 5 Moments for Hand Hygiene










**RESOURCES/
HARDWARE**

**BEHAVIOR
CHANGE/
SOFTWARE**

JMP Core Indicators for Basic WASH Service in HCF

Indicator		Definition
	Water	Water is available from an improved source on premises.
	Sanitation	Improved sanitation facilities are usable with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility.
	Hand Hygiene	Functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care, and within 5 meters of toilets.
	Environmental Cleaning Practice	Basic protocols for cleaning available, and staff with cleaning responsibilities have all received training.
	Health Care Waste	Waste is safely segregated into at least three bins and sharps and infectious waste are treated and disposed of safely.

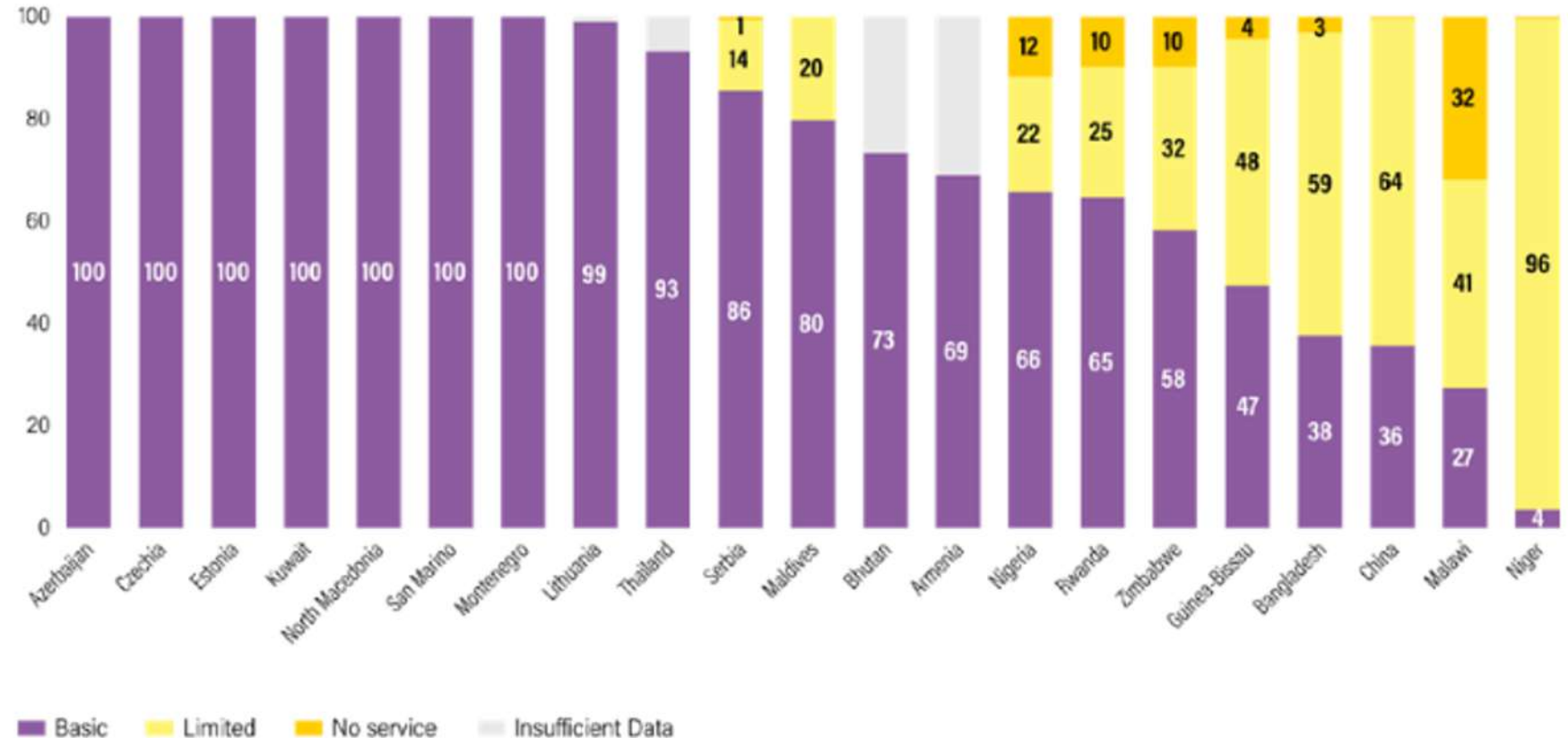
JMP 2020 Global Data Update – Hand Hygiene

There is insufficient data to determine how many countries meet basic hygiene services (due to limited data on water and soap near toilets).

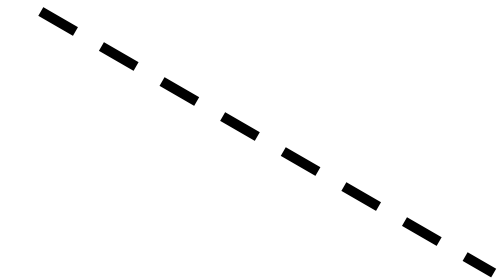
1 in 3 HCF lack hand hygiene facilities at points of care.

FIGURE 14. HAND HYGIENE SERVICES IN HEALTH CARE FACILITIES, BY COUNTRY, 2019 (%)

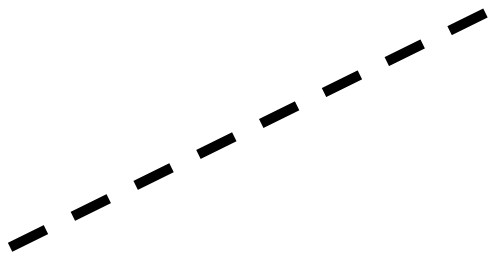
Estimates of basic hand hygiene services were available for 21 countries in 2019.



Issues Beyond Basic Access To Resources



Proximity



Ratio



WASH in Healthcare
Facilities Initiative

Moving on from Hardware/Software



Hand Hygiene Multimodal Improvement Strategy

What is the meaning of "multimodal"? It means that multiple elements, all essential and complementary, must be put in place as part of interventions to achieve outcome improvements and optimal hand hygiene behavioural change.

The MMIS has proven to be highly effective, leading to a significant improvement of key hand hygiene indicators, a reduction of health care-associated infections and antimicrobial resistance, and substantially helping to stop outbreaks.

****NOTE:** This approach is specific to healthcare facilities and improvements among healthcare workers

The Five Components of the WHO multimodal hand hygiene improvement strategy

1a. System change –
alcohol-based handrub at point of care



1b. System change – access to safe,
continuous water supply, soap and towels



2. Training and education



3. Evaluation and feedback



4. Reminders in the workplace



5. Institutional safety climate

ANNEX: IMPROVING HAND HYGIENE THROUGH A MULTIMODAL STRATEGY

WHO's multimodal hand hygiene improvement strategy

- Effective hand hygiene improvement programmes can prevent up to 50% avoidable infections acquired during health care delivery and generate economic savings on average 16 times the cost of implementation.
- The multimodal improvement strategy is highly effective, leading to significant improvement of key hand hygiene indicators in health care facilities. It comprises five elements.
- Implementing a multimodal strategy leads to a reduction of health care-associated infections and antimicrobial resistance, and substantially helps to stop outbreaks.

Use the five elements to drive improvement

All elements are **essential** and **complementary**.

The **five critical elements** to be implemented as part of an infection prevention and control programme at the health care facility level, in an integrated manner, can be simplified as: Build it; Teach it; Check it; Sell it and Live it (see visual).

Track progress

- Track progress over time through use of the Hand Hygiene Self-Assessment Framework.
- The Framework is a **diagnostic tool**, identifying strengths and gaps requiring improvement across each of the five elements.

SYSTEM CHANGE (Build it)



- Achievement of continuous availability of the necessary infrastructure, materials and equipment to effectively perform hand hygiene at the point of care.
- This includes the reliable and uninterrupted provision of alcohol-based hand rub at the **point of care**, continuous supplies of safe, clean water, soap, single-use towels, and an adequate number of functioning sinks.

MONITORING AND FEEDBACK OF HAND HYGIENE INDICATORS (Check it)



- Regular **monitoring and evaluation** (ideally using standardized tools) of hand hygiene infrastructures (location of facilities at the point of care, consumption of soap and alcohol-based hand rubs), including knowledge of and compliance with best practices.
- Providing regular **feedback** to health workers and senior management using local data is a very powerful approach to raise awareness and achieve improvement of practices.

SAFETY CLIMATE/CULTURE CHANGE (Live it)



- Creating an organizational environment that prioritizes high compliance with hand hygiene to achieve patient and health worker safety.
- At the **institutional level**, this should include the **allocation of resources** for hand hygiene programmes and **clear messages of support** for hand hygiene from **leaders** within the institution, setting benchmarks or targets, and having hand hygiene champions.
- At an **individual level**, the aim is to ensure that health workers identify hand hygiene as a **priority** that reflects their commitment to do no harm to patients. Partnering with patients and patient organizations to promote hand hygiene may also promote a climate of patient safety, but should be undertaken sensitively and in close consultation with key stakeholders, including health workers and patient representatives.

TRAINING AND EDUCATION (Teach it)



- **Tailored education and practical training of clinical staff, patients and visitors** about the importance of hand hygiene to better understand when and how it should be performed.
- Education should also address **all other health workers**, including hospital administrators, cleaning personnel and community health workers.

REMINDERS IN THE WORKPLACE/ COMMUNICATIONS (Sell it)



- Posters, stickers, visual and vocal prompts, banners, screensavers. They can **continually prompt and remind** health workers about the importance of hand hygiene and the indications when to perform it.
- They also help to **involve patients and their visitors** and inform them of the level of care they should expect from health workers with regards to hand hygiene.

The Five Components of the WHO multimodal hand hygiene improvement strategy

1a. System change –
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2. Training and education



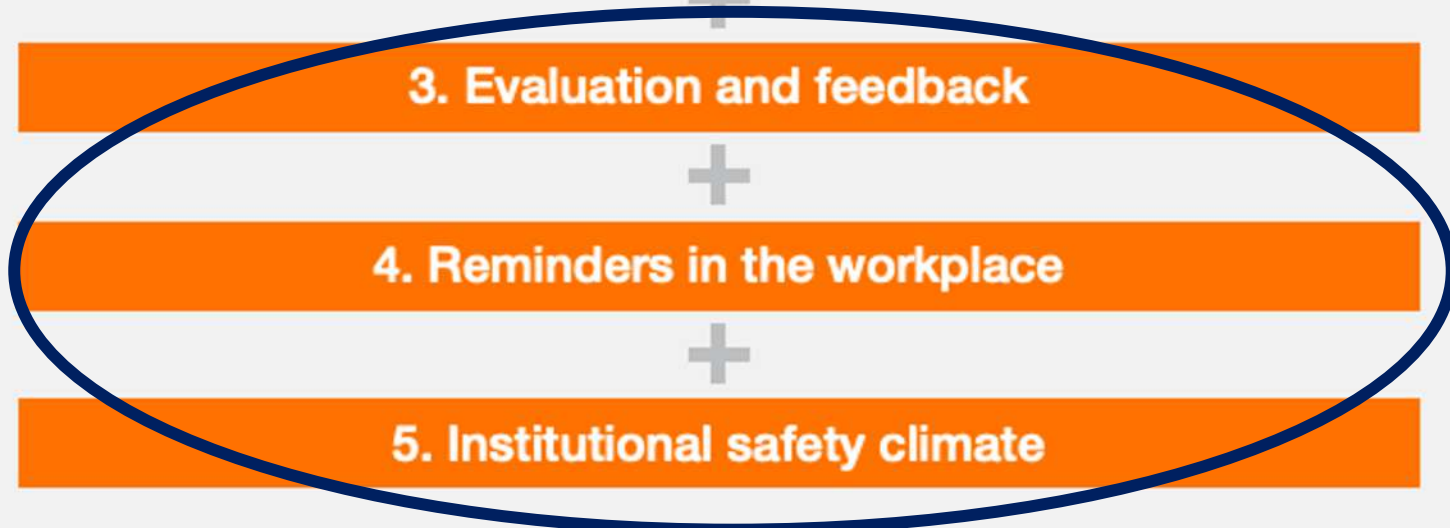
3. Evaluation and feedback



4. Reminders in the workplace




5. Institutional safety climate



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;



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 opposite palm 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



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Institutional Safety Culture - LIVE IT

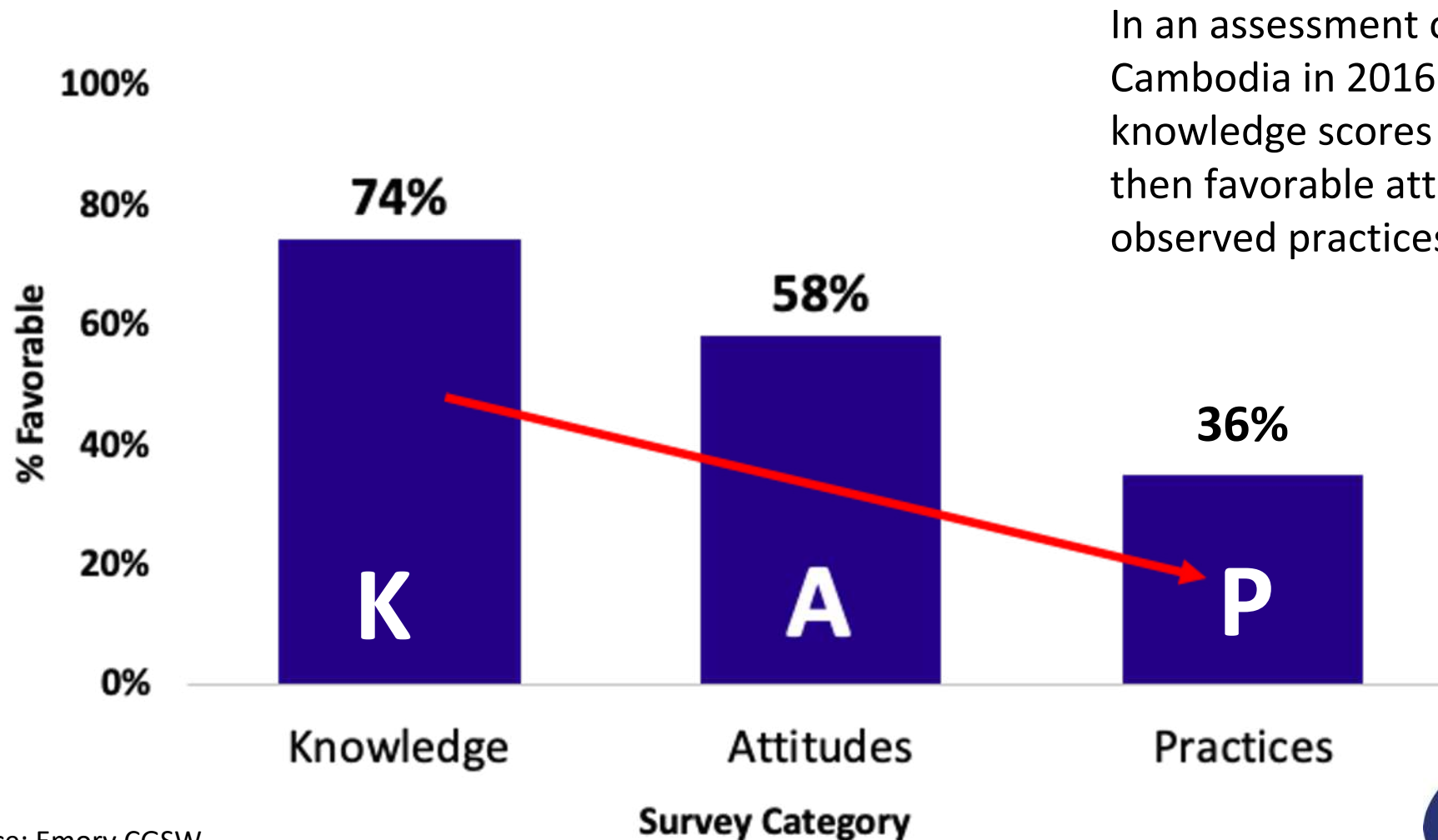
Creating an organizational environment that prioritizes high compliance with hand hygiene to achieve patient and health worker safety.

- Allocation of resources for hand hygiene program and clear messages of support for hand hygiene from HCF leaders
- Setting benchmarks or targets
- Identifying hand hygiene champions
- Partnering with patients and patient organizations to promote hand hygiene may also promote a climate of patient safety, but should be undertaken sensitively and in close consultation with key stakeholders, including health workers and patient representatives.



**WASH in Healthcare
Facilities Initiative**

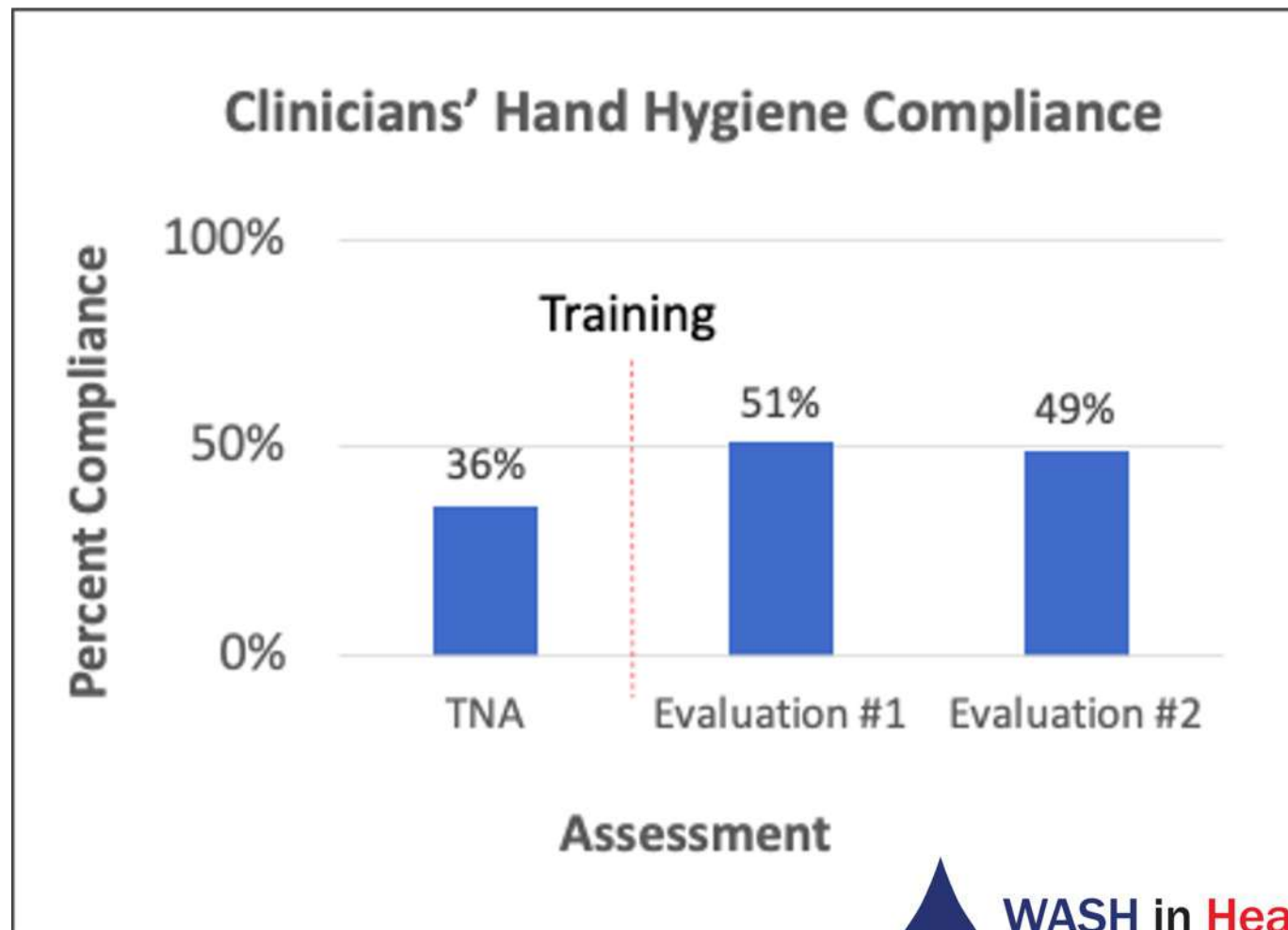
Example: Clinicians' Knowledge, Attitudes and Practices Related to Hand Hygiene



In an assessment of 301 clinicians in Cambodia in 2016 on hand hygiene, knowledge scores ranked the highest, then favorable attitudes, then observed practices.

Monitoring of Hand Hygiene Post-Training

- ✘ Resources
- ✘ Trainings
- ✘ Evaluation & Feedback
- ✘ Workplace Reminders
- ✘ Safety Culture



WASH in **Healthcare**
Facilities Initiative



SUSTAINABILITY

HAND HYGIENE FOR ALL INITIATIVE



Improving access and behaviour in health care facilities

Purpose of the brief

To provide insights into available strategies and approaches to hand hygiene improvement in health care facilities (HCFs) in support of the new [United Nations Children's Fund \(UNICEF\)/World Health Organization \(WHO\) Hand Hygiene for All Initiative](#), including sustainable interventions. The brief draws on learning from legacy work and the current evidence base. It emphasizes the synergistic relationship between infection prevention and control (IPC) and water, sanitation and hygiene (WASH) in HCFs and summarizes how joint action and collaboration is essential for improvement in the context of the coronavirus disease (COVID-19) response and beyond.

Introduction and background

Access to quality health care for all is a human right. As clearly recognized by the United Nations (UN) Sustainable Development Goals 3.8 and 6, it is impossible to succeed in providing quality health care. Shockingly, many HCFs still lack WASH and, by default, cannot implement good IPC practices.

According to global estimates released in 2020 by WHO/UNICEF:

	1 in 4 facilities lack basic water¹
	1 in 10 facilities have no sanitation¹
	1 in 3 facilities lack hand hygiene facilities at points of care¹
	1 million of the 4.1 million maternal and neonatal deaths per year may be related to unhygienic birthing practices²

¹WHO/UNICEF JMP 2020 (<https://www.washdata.org>, accessed 22 September 2020).

²Blencowe H and Cousens S. Addressing the challenge of neonatal mortality. *Trap Med Intern Health* 2013; 18: 303-312. (<https://doi.org/10.1186/1745-2974-18-303>, accessed 22 June 2020).

Hand Hygiene for All – for healthcare facilities, focus on the synergistic relationship between **Infection Prevention and Control (IPC)** and **WASH** in improving hand hygiene among healthcare workers.



MINIMUM REQUIREMENTS for infection prevention and control programmes



The starting point for implementing the World Health Organization core components of infection prevention and control programmes at the national and health care facility level



Strengthening infection prevention and control in primary care

A collection of existing
standards, measurement
and implementation resources



RESOURCE CONSIDERATIONS FOR INVESTING IN HAND HYGIENE IMPROVEMENT IN HEALTH CARE FACILITIES



CORE COMPETENCIES FOR INFECTION PREVENTION AND CONTROL PROFESSIONALS

