HAND HYGIENE IN HEALTHCARE
What are we trying 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.
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water</td>
<td>Water is available from an improved source on premises.</td>
</tr>
<tr>
<td>Sanitation</td>
<td>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.</td>
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<tr>
<td>Hand Hygiene</td>
<td>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.</td>
</tr>
<tr>
<td>Environmental Cleaning Practice</td>
<td>Basic protocols for cleaning available, and staff with cleaning responsibilities have all received training.</td>
</tr>
<tr>
<td>Health Care Waste</td>
<td>Waste is safely segregated into at least three bins and sharps and infectious waste are treated and disposed of safely.</td>
</tr>
</tbody>
</table>
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.

Source: WHO/UNICEF
Issues Beyond Basic Access To Resources

Proximity

Ratio

WASH in Healthcare Facilities Initiative
Moving on from Hardware/Software
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

Source: WHO (2020)
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

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.

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.

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, barhers, screen savers. They can be continually prompt and remind health workers about the importance of hand hygiene and the indicators 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

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How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds

0. Wet hands with water;
1. Apply enough soap to cover all hand surfaces;
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 opposite 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. Rinse hands with water;
9. 
10. 
11. 

WASH in Healthcare Facilities Initiative
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.
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

![Graph showing Clinicians' Hand Hygiene Compliance](image)
SUSTAINABILITY
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.