

# HAND HYGIENE IN HEALTH CARE

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◎ WHY??

◎ WHO??

# HEALTH CARE-ASSOCIATED INFECTIONS

affect hundreds of millions of patients worldwide every year.

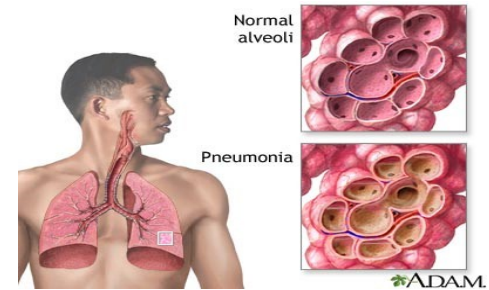
## Infections

- ◉ lead to more serious illness
- ◉ prolong hospital stays
- ◉ induce long-term disabilities
- ◉ add high costs to patients and families
- ◉ contribute to additional financial burden on the health-care system
- ◉ often result in tragic loss of life.



# TYPE OF HCAI

- VAP = ventilator-associated pneumonia



- CLA-BSI = central line-associated bloodstream infection



- CR-UTI = catheter-related urinary tract infection



- SSI = surgical site infection



# HEALTH CARE-ASSOCIATED INFECTIONS

- HCAI is a major problem for patient safety and its prevention must be a first priority for settings and institutions committed to making health care safer.
- Hand hygiene is the primary measure to reduce infections and the spread of antimicrobial resistance.
- **WHO: New global Guidelines on Hand Hygiene in Health Care**

# HCAI IN DEVELOPED COUNTRIES



- concerns 5–15% of hospitalized patients
- can affect 9–37% of those admitted to intensive care units.
- Prevalence rates of infection:
- Europe: from 9 to 37% when assessed 12
- USA: with crude mortality rates ranging from 12% to 80%.
- Device-associated infections have a great economic impact; for example catheter-infection caused by methicillin-resistant *Staphylococcus aureus* (MRSA) may cost as much as US\$ 38 000 per episode.

# HCAI IN DEVELOPING COUNTRIES



- The risk for patients to develop surgical site infection (SSI), the most frequently type in developing countries, is significantly higher than in developed countries
- e.g. 30.9% in a paediatric hospital in Nigeria
- 23% in general surgery in a hospital in the United Republic of Tanzania
- 19% in a maternity unit in Kenya

# MODE OF TRANSMISSION

direct transmission (STD)

organism

non-direct transmission

source of infection

dirty hands

area/surface  
subject  
water  
food  
soil  
insect ...

susceptible patient

droplets transmission  
(influenza)





# Prevention of nosocomial infections

- observance of hygienic rules
- implementation of disinfection and sterilization

can reduce the presence of microorganisms

**HAND HYGIENE**

AREAS AND SUBJECTS  
DISINFECTION

TOOLS  
DISINFECTION

# HAND HYGIENE



**Cost-effective method of preventing the spread of hospital infections**

**HANDS TRANSMITS UP TO 60% INFECTIONS**

# INDICATIONS FOR HAND HYGIENE

- ⦿ A. **Wash hands with soap and water** when visibly dirty or visibly soiled with blood or other body fluids or after using the toilet.
- ⦿ B. If exposure to spore-forming pathogens is strongly suspected or proven (*Clostridium difficile*, hand washing with soap and water is the preferred means.
- ⦿ C. **Use an alcohol-based handrub** for routine hand antisepsis in all other clinical situations. If it is not obtainable, wash hands with soap and water.

# HAND HYGIENE – WHO??

- ⊙ personal – doctor, nurse ...
- ⊙ patient
- ⊙ visitors

**= all in hospital**

# PERFORM HAND HYGIENE:

- ◉ before and after touching the patient
- ◉ before handling an invasive device for patient care, regardless of whether or not gloves are used
- ◉ after contact with body fluids or excretions, mucous membranes, non-intact skin, or wound dressings
- ◉ if moving from a contaminated body site to another body site during care of the same patient
- ◉

# PERFORM HAND HYGIENE:

- ⦿ after contact with inanimate surfaces and objects (including medical equipment) in the immediate vicinity of the patient after removing sterile or non-sterile gloves
- ⦿ before handling medication or preparing food perform hand hygiene using an alcohol-based handrub or wash hands with either plain or antimicrobial soap and water

# USE OF GLOVES

- ◉ **The use of gloves does not replace the need for handhygiene** (HR, HW)
- ◉ Wear gloves when is possible contact with blood or other potentially infectious materials, mucous membranes or non-intact skin
- ◉ Remove gloves after caring for a patient. **Do not wear the same pair of gloves for the care of more than one patient**
- ◉ When wearing gloves, change or remove gloves during patient care if moving from a contaminated body site to either another body site within the same patient or the environment
- ◉ **The reuse of gloves is not recommended.**



# OTHER ASPECTS OF HAND HYGIENE

- **Soap and alcohol-based handrub should not be used concomitantly.**
- **Do not wear watch, rings and artificial fingernails when having direct contact with patients.**
- **Keep natural nails short (less than 0.5 cm long)**



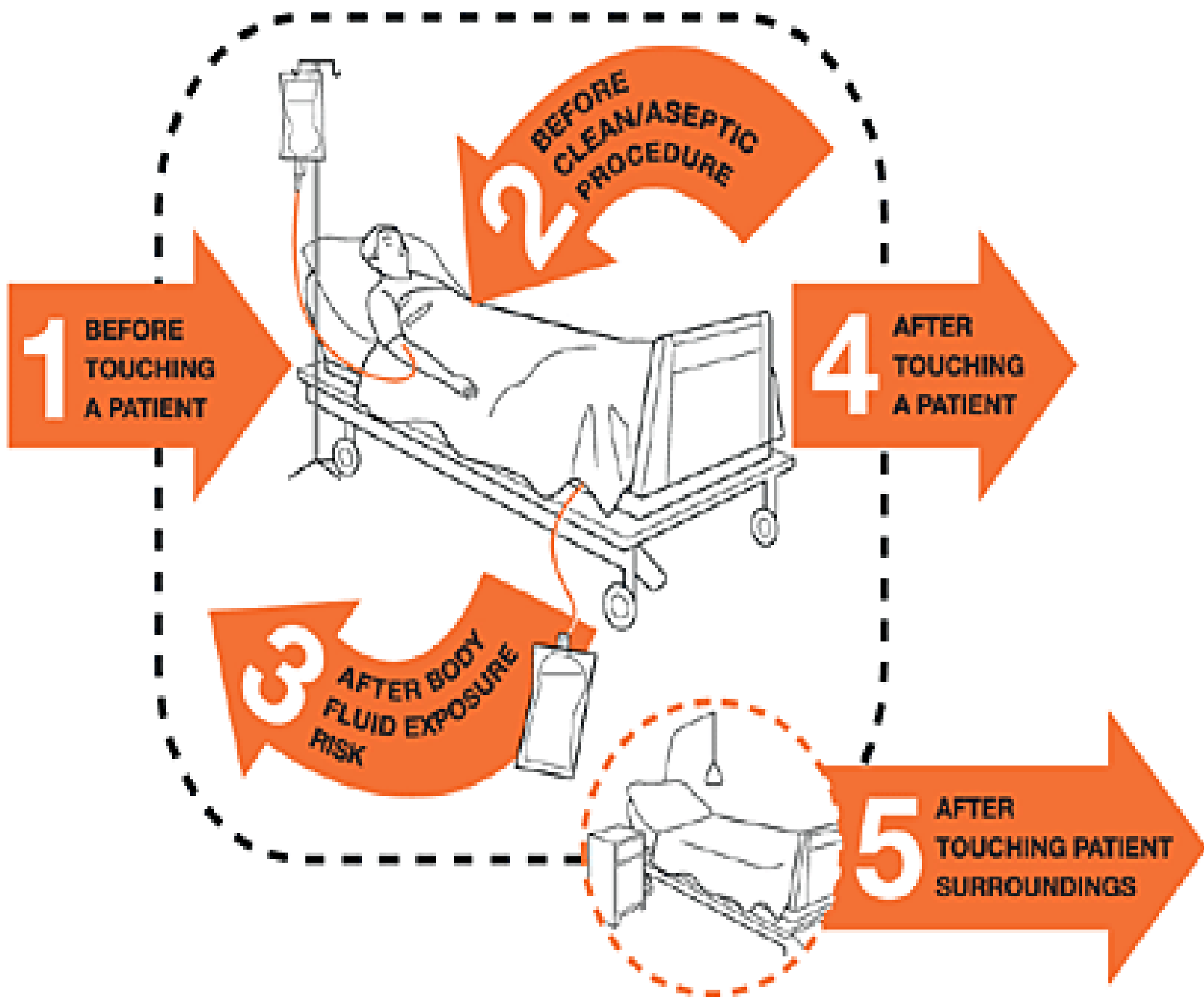


# MY 5 MOMENTS FOR HAND HYGIENE

defines the key moments when health-care workers should perform hand hygiene.

This approach recommends to clean their hands

- ⦿ **before touching a patient,**
- ⦿ **before clean/aseptic procedures,**
- ⦿ **after body fluid exposure/risk,**
- ⦿ **after touching a patient, and**
- ⦿ **after touching patient surroundings.**



# HOW TO HANDWASH?

**WASH HANDS WHEN VISIBLY SOILED!**

**OTHERWISE, USE HANDRUB**

*40 -60 sekund !!!*



# HOW TO HANDRUB?

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

*40 -60 sekund !!!*



# Often forgotten places

back of the hand



palm of the hand

**THE END**

**“Clean Care is Safer Care”**

**is not a choice**

**but**

**a basic right.**



Thank you for  
attention

**followed by a practical  
demonstration of their own hands...**