

# Recommendations to Member States to improve hand hygiene practices to help prevent the transmission of the COVID-19 virus

Interim guidance  
1 April 2020



## Recommendations

Member States to improve hand hygiene practices widely to help prevent the transmission of the COVID-19 virus by:

1. Providing universal access to public hand hygiene stations and making their use obligatory on entering and leaving any public or private commercial building and any public transport facility.
2. Improving access to hand hygiene facilities and practices in health care facilities.

## Background

Current evidence indicates that the COVID-19 virus is transmitted through respiratory droplets or contact. Contact transmission occurs when contaminated hands touch the mucosa of the mouth, nose, or eyes; the virus can also be transferred from one surface to another by contaminated hands, which facilitates indirect contact transmission. Consequently, hand hygiene is extremely important to prevent the spread of the COVID-19 virus. It also interrupts transmission of other viruses and bacteria causing common colds, flu and pneumonia, thus reducing the general burden of disease. Although awareness of the importance of hand hygiene in preventing infection with the COVID-19 virus is high, access to hand hygiene facilities that include alcohol-based hand rubs as well as soap and water is often suboptimal in the community and in health care facility settings, especially in low- and middle-income countries. WHO and UNICEF estimate that globally 3 billion people lack hand hygiene facilities at home and two out of five health care facilities lack hand hygiene at points of care.<sup>1</sup> Further, access has become increasingly challenging as a result of stock-outs of supplies. When hand hygiene is provided free of charge and is made obligatory by public health authorities, acceptability and adherence to hand hygiene best practices are improved, including in public health emergencies of international concern.<sup>2,3</sup> Hand hygiene is the most effective single measure to reduce the spread of infections through multimodal strategies, including access to the appropriate supplies.<sup>4</sup> Therefore, this guidance is relevant for all countries

and is recommended particularly for areas without ready access to hand hygiene locations.

## WHO recommendations:

1. One or several hand hygiene stations (either for handwashing with soap and water<sup>a</sup> or for hand rubbing with an alcohol-based hand rub)<sup>b</sup> should be placed in front of the entrance of every public (including schools and healthcare facilities) or private commercial building, to allow everyone to practice hand hygiene before entering and when leaving it.
2. Facilities should be provided at all transport locations, and especially at major bus and train stations, airports, and seaports.
3. The quantity and usability of the hand hygiene stations should be adapted to the type (e.g. young children, elderly, those with limited mobility) and number of users to better encourage use and reduce waiting time.
4. The installation, supervision, and regular refilling of the equipment should be the overall responsibility of public health authorities and delegated to building managers. Private sector and civil society initiatives to support the commodities, maintenance, and effective use are welcome.
5. The use of public hand hygiene stations should be obligatory before passing the threshold of the entrance to any building and to any means of public transport during the COVID-19 pandemic. Repeated hand hygiene whenever outside private homes can in this way become part of the routine of everyday life in all countries.
6. All private and public health care facilities should establish or strengthen their hand hygiene

<sup>a</sup> Where ABHR or bar soap is not feasible, a liquid soap solution, mixing detergent with water, can be used. The ratio of detergent to water will depend on types and strengths of locally available product.

<sup>b</sup> Chlorine hand washing solutions are not recommended because of potential harm to users and those making the solutions, as well as degradation of chlorine exposed to sunlight or heat. Soap is generally cheap and easy to find, and liquid soap solutions can also be used.

improvement multimodal programmes<sup>c</sup> and rapidly ensure at a minimum procurement of adequate quantities of quality hand hygiene supplies, refresher hand hygiene training, and reminders and communications about the importance of hand hygiene in preventing the spread of the COVID-19 virus.

7. Local health authorities should ensure the continuous presence of functional hand hygiene stations (either alcohol-based hand rub dispensers<sup>d</sup> or soap, water, and disposable towels) for all health care workers at all points of care, in areas where personal protective equipment (PPE) is put on or taken off, and where health care waste is handled. In addition, functional hand hygiene stations should be available for all patients, family members, and visitors, and within 5 m of toilets, as well as at entrances and exits, in waiting and dining rooms, and other public areas.<sup>5</sup> Local production of alcohol-based hand rub formulations in national, sub-national or hospital pharmacies or by private companies should be strongly encouraged according to WHO guidance especially if commercial options are limited or too costly.<sup>6</sup>
8. Health care workers should perform hand hygiene using the proper technique<sup>7</sup> and according to the instructions known as “My 5 moments for hand hygiene,”<sup>7</sup> in particular, before putting on PPE and after removing it, when changing gloves, after any contact with a patient with suspected or confirmed COVID-19 virus, their waste, or the environment in the patients’ immediate surroundings, after contact with any respiratory secretions, before food preparation and eating, and after using the toilet.
9. All health care facilities are strongly encouraged to participate actively in the WHO Save Lives: Clean Your Hands campaign before and on 5 May 2020<sup>8</sup> and to respond to the United Nations Secretary-General’s Global Call to Action on WASH in health care facilities.<sup>9</sup>

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## References

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<sup>c</sup> The WHO multimodal hand hygiene improvement strategy includes the following integrated elements: 1) system change ensuring availability of alcohol-based hand rub products, as well as soap, water, and disposable/clean towels; 2) training and education of all health workers on hand hygiene best practices and their importance; 3) evaluation and feedback of hand hygiene infrastructure, compliance, and other indicators; 4) reminders and communications to remind all health workers as well as patients

and visitors about hand hygiene; and 5) an institutional safety climate with visible commitment of senior managers and engagement of all staff.

<sup>d</sup> An effective alcohol-based hand rub product should contain between 60% and 80% of alcohol and its efficacy should be proven according to the European Norm 1500 or the standards of the ASTM International (formerly, the American Society for Testing and Materials).

WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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