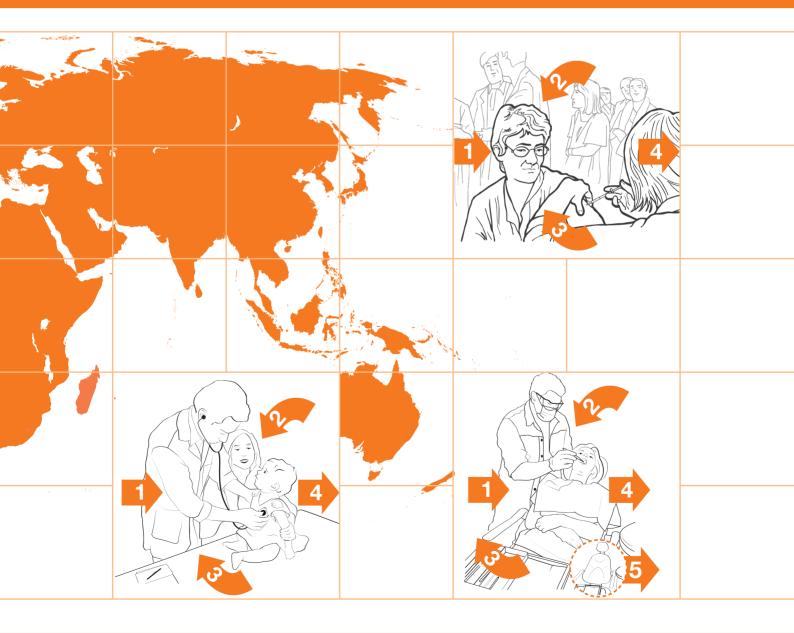


# Hand Hygiene in Outpatient and Home-based Care and Long-term Care Facilities

A Guide to the Application of the WHO Multimodal Hand Hygiene Improvement Strategy and the "My Five Moments for Hand Hygiene" Approach







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## ABBREVIATIONS

ABHRs	alcohol-based handrubs
ESBL	extended-spectrum beta-lactamases
HBV	hepatitis B virus
HCAI	health care-associated infection
HCV	hepatitis C virus
HCW	health-care worker
LCTF	long-term care facility
MRSA	methicillin-resistant Staphylococcus aureus
USA	United States of America
UTI	urinary tract infection
VRE	vancomycin-resistant enterococci
WHO	World Health Organization

## INTRODUCTION AND ESSENTIAL NOTES FOR THE READER

The World Health Organization (WHO) recommendations on hand hygiene best practices and improvement strategies are considered the gold standard for health-care worldwide. Over the last six years they have been implemented in thousands of facilities as well as at national level in many countries. Although these recommendations and strategies have been developed primarily for the hospital setting, high interest in the possibility to implement them in primary care and other types of outpatient settings has arisen in recent years. Concurrently, several questions have emerged about the transmission and infection risks and the application of hand hygiene concepts in these settings. The available scientific evidence is limited and knowledge on the implementation of infection control solutions in such settings is at an early stage. Stimulated by this demand from the field, the WHO Clean Care is Safer Care team has taken up the challenge to develop this guidance document.

Key issues identified were: 1) the transmission and infection risk, especially hand transmission, in outpatient care settings; 2) hand hygiene practices in these settings; 3) adaptation of the patient zone and the WHO "My five moments for hand hygiene" approach; and 4) implementation of improvement strategies at the institutional level. Several methods were used to resolve controversies, bridge the gaps, and develop the concepts proposed in this document. The process has involved mainly reviews of the scientific literature, surveys involving international experts, consultation of country experts, and extensive peer review of the final draft. Although not all controversial issues could be entirely resolved, the approach proposed here for primary care and other outpatient settings is consistent with the WHO strategy and is based on expert consensus and feedback from some country representatives.

The document is divided into two main sections:

account the available resources and most frequent procedures undertaken locally. Additional practical tools for evaluation, education, and learning targeted at health-care providers in outpatient care settings are currently under development by WHO and should be used in association with this guidance document.

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