

SAVE LIVES
Clean **Your** Hands

Guide to Implementation

A Guide to the Implementation of the WHO
Multimodal Hand Hygiene Improvement Strategy



**World Health
Organization**

Patient Safety

A World Alliance for Safer Health Care

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DEFINITION OF TERMS

Action plan	A detailed, carefully-prepared scheme of activities to be initiated or continued in order to improve hand hygiene at a given health-care facility.
Alcohol-based handrub	An alcohol-containing preparation (liquid, gel or foam) designed for application to the hands to reduce the growth of microorganisms. Such preparations may contain one or more types of alcohol with excipients, other active ingredients and humectants.
Efficacy / efficacious	The (possible) effect of the application of a hand hygiene formulation when tested in laboratory or in vivo situations.
Effectiveness / effective	The clinical conditions under which a hand hygiene product has been tested for its potential to reduce the spread of pathogens, e.g. field trials.
Hand cleansing	Action of performing hand hygiene for the purpose of physically or mechanically removing dirt, organic material or microorganisms.
Hand hygiene	A general term referring to any action of hand cleansing.
Hand hygiene co-ordinator	The person at a facility assigned to coordinate the preparation and implementation of the hand hygiene improvement programme.
Handrubbing	Applying an antiseptic handrub to reduce or inhibit the growth of microorganisms without the need for an exogenous source of water and requiring no rinsing or drying with towels or other devices.
Handwashing	Washing hands with plain or antimicrobial soap and water.
Health care-associated infection (HCAI)	An infection occurring in a patient during the process of care in a hospital or other health-care facility which was not present or incubating at the time of admission. This includes infections acquired in the hospital but appearing after discharge, and also occupational infections among staff of the facility.

KEY TO SYMBOLS

The following symbols are used throughout the Guide to Implementation as a quick reference for users. The symbols highlight specific actions, key concepts and also reference the tools and resources available as part of the suite of materials available to aid implementation.



Key Concept

Alerts the reader to an issue of importance for success.



Tools

Indicates a section of the Guide to Implementation where explanations on the tools included in the implementation toolkit are included.



Key Action

Indicates a section of the Guide to Implementation where key actions for the implementation of the WHO multimodal hand hygiene improvement strategy are pointed out.

PART I

I.1. OVERVIEW

Health care-associated infection (HCAI) places a serious disease burden and has a significant economic impact on patients and health-care systems throughout the world. Yet good hand hygiene, the simple task of cleaning hands at the right times and in the right way, can save lives.

World Health Organization (WHO) has developed evidence-based [WHO Guidelines on Hand Hygiene in Health Care](#) to support health-care facilities to improve hand hygiene and thus reduce HCAI.

This Guide to Implementation has been developed to assist health-care facilities to implement improvements in hand hygiene in accordance with the [WHO Guidelines on Hand Hygiene in Health Care](#).

The strategy described in this Guide to Implementation has been designed to be used by any health-care facility, irrespective of the level of resources or whether the facility has already implemented any hand hygiene initiatives. The approach focuses primarily on improving hand hygiene compliance by health-care workers who work with patients. Through the actions proposed by the strategy, improvement of infrastructures for hand hygiene along with enhancement of knowledge and perception about hand hygiene and HCAI and of the patient safety climate is also meant to be achieved. The ultimate goal is to reduce both the spread of infection and multi-resistant germs as well as the numbers of patients acquiring a preventable HCAI, and thus to prevent waste of resources and save lives.

Details of all of the tools supplied to support successful implementation of a hand hygiene improvement strategy at any health-care facility are provided in this guide.

I.2. ABOUT HAND HYGIENE IN HEALTH CARE

I.2.1. Rationale for a Guide to Implementation

The [WHO Guidelines on Hand Hygiene in Health Care](#) present the evidence base for focusing on hand hygiene improvement as part of an integrated approach to the reduction of HCAI. Implementation is of utmost importance to achieving an impact on patient safety and therefore this guide aims actively to support the use of the guidelines.

I.2.2. The problem of HCAI and the importance of hand hygiene

HCAI affects hundreds of millions of people worldwide and is a major global issue for patient safety. At both the level of the country and of the health-care facility, the burden of HCAI is significant, although it may be difficult to quantify at this stage.


In general, and by their very nature, infections have a multifaceted causation related to systems and processes of health-care provision as well as to political and economic constraints on health systems and countries. They also reflect human behaviour conditioned by numerous factors, including education. However, acquisition of infection, and in particular cross-infection from one patient to another, is in many cases preventable by adhering to simple practices.

Hand hygiene is considered to be the primary measure necessary for reducing HCAI. Although the action of hand hygiene is simple, the lack of compliance among health-care workers continues to be a problem throughout the world.

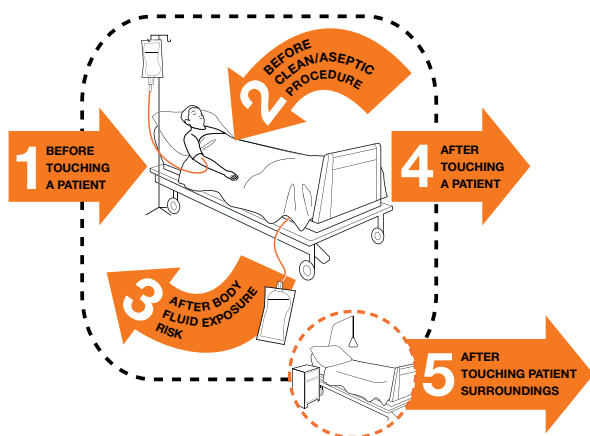
Yet hand hygiene improvement is not a new concept within health care. Many health-care facilities around the world already have well-established policies and guidelines and undertake regular training programmes in this area. Increasingly, actions are being undertaken to introduce alcohol-based handrubs at the point of care. However, long-lasting improvements remain difficult to sustain, and many facilities worldwide have not yet begun to address hand hygiene improvement in a systematic way. This is due to numerous constraints, particularly those relating to the very infrastructures and resources required to enable attention to turn to hand hygiene improvement.

I.2.3. A global response to the problem

In 2005, WHO Patient Safety launched the First Global Patient Safety Challenge, Clean Care is Safer Care, to galvanise international focus and action on the critical patient safety issue of HCAI and on the central role that hand hygiene compliance by health-care workers plays in reducing such infections. In 2009, WHO Patient Safety launched an extension to this programme; **SAVE LIVES: Clean Your Hands**, an initiative that aims to ensure an ongoing global, regional, national and local focus on hand hygiene in health care. In particular, **SAVE LIVES: Clean Your Hands** reinforces the “My 5 Moments for Hand Hygiene” approach as key to protect the patient, the health-care worker and the health-care environment against the spread of pathogens and thus reduce HCAI.

 This approach encourages health-care workers to clean their hands (1) before touching a patient, (2) before clean/aseptic procedures, (3) after body fluid exposure/risk, (4) after touching a patient and (5) after touching patient surroundings.

My 5 Moments for Hand Hygiene



As part of their ongoing commitment to reduce HCAI, WHO Patient Safety has developed this revised Guide to Implementation and a series of tools to support health-care workers in establishing and sustaining good hand hygiene practices by health-care workers and reducing HCAI at health-care facilities worldwide. This is part of the long-term **SAVE LIVES: Clean Your Hands** initiative.


I.3. ABOUT THE GUIDE TO IMPLEMENTATION

This Guide to Implementation and the related implementation toolkit will assist in the development of local action plans to address hand hygiene improvement and sustainability, starting now.

I.3.1. Purpose of the Guide to Implementation

The Guide to Implementation:

- is a manual to be used to facilitate local implementation and evaluation of a strategy to improve hand hygiene and thus reduce HCAI at individual health-care facilities;
- assists health-care facilities in preparing a comprehensive action plan to improve hand hygiene irrespective of their starting point;
- supports the components of the WHO multimodal hand hygiene improvement strategy, as presented in the [WHO Guidelines on Hand Hygiene in Health Care](#), which is described in the next section.

 The guide will inform you how to:


- prepare an [Action Plan](#) for hand hygiene improvement;
- evaluate the elements that exist in the health-care facility for ensuring effective hand hygiene;
- identify what system changes are needed at a health-care system or health-care facility level to support implementation of the [WHO Guidelines on Hand Hygiene in Health Care](#);
- select and access alcohol-based handrubs and other products used for hand hygiene;
- provide appropriate and effective education and reminders to health-care workers irrespective of their starting point;
- develop approaches to ensuring an institutional safety climate;
- undertake evaluation and feedback (e.g. observation of hand hygiene compliance); and
- maintain momentum and motivation for continued hand hygiene at facilities that have already achieved excellent standards.

The primary target audience for this Guide to Implementation is:

- professionals in charge of implementing a strategy to improve hand hygiene within a health-care facility.

The Guide to Implementation may also be of value to the following:

- WHO country office staff;
- Ministry of Health leads for patient safety / infection control;
- infection prevention and control practitioners;
- senior managers/leaders;
- other individuals or teams responsible for hand hygiene or infection control programmes at a health-care facility; and
- patient organizations.

 Implementation of the [WHO Guidelines on Hand Hygiene in Health Care](#) requires action in a number of areas. It is important that professionals with the ability to make key decisions that will result in improvement are actively involved in the process of implementation from the outset.

The [WHO Guidelines on Hand Hygiene in Health Care](#) make it clear that it should be relatively simple for health-care providers in virtually every setting to immediately start and continue to evaluate and improve the reliability of hand hygiene infrastructure and practices.

 This Guide to Implementation can therefore be used:

- at any time as a broad outline of how a hand hygiene improvement strategy might be executed; and
- at any time as a guide for developing local action plans to improve hand hygiene.


I.4. WHO MULTIMODAL HAND HYGIENE IMPROVEMENT STRATEGY

I.4.1. The strategy components

Successful and sustained hand hygiene improvement is achieved by implementing multiple actions to tackle different obstacles and behavioural barriers. Based on the evidence and recommendations from the [WHO Guidelines on Hand Hygiene in Health Care](#), a number of components make up an effective multimodal strategy for hand hygiene. The WHO multimodal hand hygiene improvement strategy has been proposed to translate into practice the WHO recommendations on hand hygiene and is accompanied by a wide range of practical tools (implementation toolkit) ready to use for implementation.


 The key components of the strategy are:

1. **System change:** ensuring that the necessary infrastructure is in place to allow health-care workers to practice hand hygiene. This includes two essential elements:
 - access to a safe, continuous water supply as well as to soap and towels;
 - readily accessible alcohol-based handrub at the **point of care***.
2. **Training / Education:** providing regular training on the importance of hand hygiene, based on the “My 5 Moments for Hand Hygiene” approach, and the correct procedures for handrubbing and handwashing, to all health-care workers.
3. **Evaluation and feedback:** monitoring hand hygiene practices and infrastructure, along with related perceptions and knowledge among health-care workers, while providing performance and results feedback to staff

 Each component deserves equally important, specific and integrated efforts to achieve effective implementation and maintenance. However, facilities around the world may have progressed to different levels as far as hand hygiene promotion is concerned. Therefore, while some components might be identified as the central features to start with in some facilities, others may not be immediately relevant in others. At facilities with a very advanced level of hand hygiene promotion, some components should nonetheless be considered for improvement and action to ensure long-term sustainability.

It is important to note that implementation, evaluation and feedback activities should be periodically rejuvenated and repeated and become part of the quality improvement actions that will ensure sustainability. Hand hygiene improvement is not a time-limited process: hand hygiene promotion and monitoring should never be stopped once implemented.

The five components, together with linked tools available for their implementation, are described in separate sections of this guide (Sections II.1–II.5).

 ***Point of care** – The place where three elements come together: the patient, the health-care worker, and care or treatment involving contact with the patient or his/her surroundings (within the patient zone). The concept embraces the need to perform hand hygiene at recommended moments exactly where care delivery takes place. This requires that a hand hygiene product, e.g. alcohol-based handrub, if available, will be easily accessible and as close as possible (e.g. within arms reach), where patient care or treatment is taking place. Point-of-care products should be accessible without having to leave the patient zone.

Availability of alcohol-based hand-rubs at the point of care is usually achieved through staff-carried handrubs (pocket bottles), wall-mounted dispensers, containers affixed to the patient’s bed or bedside table or to dressing or medicine trolleys that are taken into the point of care.

I.4.2. The implementation toolkit

Acknowledging the vastly different levels of awareness and the barriers to implementing hand hygiene improvement strategies from country to country, and even within the same country, an implementation toolkit has been developed to support health-care workers in improving hand hygiene at their facilities, irrespective of their starting point. The Guide to Implementation is central to the toolkit and together they aim to facilitate the process of translating the recommended components of the WHO multimodal hand hygiene improvement strategy into action

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