

WHO Infection Prevention and Control Global Unit

HAND HYGIENE SUPPORTS SAFE SURGICAL CARE

Special lecture for 5 May, 2016

Professor Didier Pittet

Infection Control Programme and WHO Collaborating Centre on Patient Safety,
University of Geneva Hospitals and Faculty of Medicine, Geneva, Switzerland

Professor Benedetta Allegranzi

Coordinator a.i, Infection Prevention and Control Global Unit,
Service Delivery and Safety, WHO, Geneva, Switzerland

Hosted by: Professor Joseph Solomkin
Professor of Surgery (Emeritus), University of
Cincinnati College of Medicine

Supported by WHO Service
Delivery and Safety Department



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SAVE LIVES
Clean Your hands

May 4, 2016



"My name is Odile. I have an appointment
with Dr. Knife"

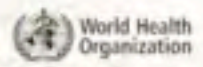


JOIN HANDS FOR SAFE SURGICAL CARE

Infection prevention and surgical teams unite for **SEE YOUR HANDS, 5 May 2016** – work together for hand hygiene.

 <p>1 Team up with a colleague to show commitment to infection prevention in surgical care</p>	 <p>2 Join 'Clean' hands and take a photo with the WHO campaign board on or around 5 May</p>	 <p>3 Share your photo with others using #safesurgicalhands (mention @WHO on social media)</p>
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Join the campaign, help reduce avoidable healthcare infections!
www.who.int/gpsc/5may



#SAFESURGICALHANDS

SAVE LIVES
CLEAN YOUR HANDS

Let's join hands for safe surgical care



REGARDEZ VOS
MAINS
UNITE YOUR STRENGTH TO SAVE
THE WORLD. COMPRENDENDO A MANO



PRÊTEZ MAIN À DES SOINS CHIRURGICAUX SÛRS

Les équipes de prévention des infections et les équipes chirurgicales s'unissent autour de la journée **REGARDEZ VOS MAINS**, le 5 mai 2016 – Pour sauver des vies, l'hygiène des mains.



1 Partez équipe avec un collègue pour attester de votre engagement à la prévention des infections dans les soins chirurgicaux.

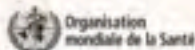


2 Joignez-vous à la campagne sur l'hygiène des mains et prenez une photo avec l'affiche de la campagne de l'OMS, le 5 mai ou aux alentours de cette date.



3 Partagez votre photo avec d'autres en utilisant #safesurgicalhands (mentionnez #WHO sur les médias sociaux)

Joignez-vous à la campagne, aidez à réduire les infections évitables des soins de santé
www.who.int/gpsc/5may



Organisation
mondiale de la Santé

#SAFESURGICALHANDS

SAVE LIVES
CLEAN YOUR HANDS



MIRA TUS
MANOS
UNITE YOUR STRENGTH TO SAVE
THE WORLD. COMPRENDENDO A MANO



UNE TUS MANOS A FAVOR DE UNOS SERVICIOS QUIRÚRGICOS SEGUROS

Los equipos de prevención de infecciones y los equipos de cirugía se unen para la campaña **MIRA TUS MANOS** del 5 de mayo de 2016, uniendo sus fuerzas a favor de la higiene de manos.



1 Colabore con un compañero para mostrar nuestro compromiso con la prevención de infecciones en los servicios quirúrgicos.



2 Únete a las manos «limpias» y sígnate una foto con el póster promocional de la OMS el 5 de mayo o en torno a esta fecha.



3 Comparte tu foto con los demás utilizando el hashtag #safesurgicalhands (menciona a la @WHO en las redes sociales)

Únete a la campaña y ayuda a reducir las infecciones evitables en la atención sanitaria.
www.who.int/gpsc/5may



Organización
Mundial de la Salud

#SAFESURGICALHANDS

SAVE LIVES
CLEAN YOUR HANDS



**انظروا إلى
أيديكم**

ثقافة الأيدي تدعم
الرعاية الجراحية الآمنة

الجميع الذي يمس لمسة واحدة لك في الجراحات انظروا إلى ما على أيديكم
أيديكم هي مفتاح سلامة المرضى من العدوى بعد الجراحات انظروا إلى ما على أيديكم
من أجل سلامة المرضى وحياتهم

انظروا إلى أيديكم
ثقافة الأيدي

أيدي جراحية آمنة

الجمعية العالمية
للجراحة الآمنة



**关注双手
手部卫生利于
安全外科保健**

检查你的手部卫生，因为你掌握外科病人的生死大权。
从入院到出院对外科病人践行手部卫生。

世界卫生组织 WHO
#SAFEURGICALHANDS
SAVE LIVES
Clean Hands Save Lives



**ВЗГЛЯНИ НА СВОИ
РУКИ**

гигиена рук является залогом
безопасной хирургической помощи

«Хирургические инструменты находятся в ваших руках.
Подумайте о том, что НА ваших руках»
Соблюдайте гигиену рук при работе с хирургическими
пациентами с момента госпитализации до выписки.

Всемирная организация здравоохранения
#SAFEURGICALHANDS
SAVE LIVES
Clean Hands Save Lives

OUTLINE

- Global burden of disease in surgery
- The patient's journey in surgery
- SAVE LIVES: Clean Your Hands 5 May campaign
global reach #safesurgicalhands
- WHO Infection Prevention and Control
Global Unit overview
- New WHO guidelines on SSI prevention outline

HAI prevalence in USA - 2011



- 183 hospitals in 10 States: 11,282 patients
- **HAI PREVALENCE: 4.0%** (95% CI, 3.7-4.4)
- 648,000 patients with 721,800 HAI in U.S. acute care
 - Device-associated infections: 26%
 - **Surgical Site Infection: 22% - 157,352 episodes per year**
 - *most frequent SSI: surgical-site infections were colon surgeries (14%), hip arthroplasties (10%), and small-bowel surgeries (6.4%)*
 - *19% of HAI were present on admission and of these 67% were SSI*
 - Pneumonia: 22%
 - Gastro-intestinal infections: 17%

Magill SS et al. NEJM 2014; 370:13

Costs of specific types of HAI in the USA

	# of infections	Range of \$ estimates based on 2007 CPI for all urban consumers	Range of \$ estimates based on 2007 CPI for Inpatient hospital services	Range of estimate using CPI for all urban consumers (billions)	Range of estimate using CPI for Inpatient hospital services (billions)
SSI	290,485	\$11,087 - \$29,443	\$11,874 - \$34,670	\$3.22 - \$8.55	\$3.45 - \$10.07
CLABSI	92,011	\$ 6,461 - \$25,849	\$ 7,288 - \$29,156	\$0.59 - \$2.38	\$0.67 - \$2.68
VAP	52,543	\$14,806 - \$27,520	\$19,633 - \$28,508	\$0.78 - \$1.45	\$1.03 - \$1.50
CAUTI	449,334	\$ 749 - \$ 832	\$ 862 - \$ 1,007	\$0.34 - \$0.37	\$0.39 - \$0.45
CDI	178,000	\$ 5,682 - \$ 8,090	\$ 6,408 - \$ 9,124	\$1.01 - \$1.44	\$1.14 - \$1.62

\$11,874 - \$34,670

\$3.45 - \$10.07



Scott RD. http://www.cdc.gov/ncidod/dhqp/pdf/Scott_CostPaper.pdf.

Pathogens responsible for SSI – USA 2009-2010

Pathogen	Overall		SSI	
	No. (%) of pathogens	Rank	No. (%) of pathogens	Rank ^a
<u><i>Staphylococcus aureus</i></u>	12,635 (15.6)	1	6,415 (30.4)	1
<u><i>Escherichia coli</i></u>	9,351 (11.5)	2	1,981 (9.4)	3
<u>Coagulase-negative staphylococci</u>	9,261 (11.4)	3	2,477 (11.7)	2
<i>Klebsiella (pneumoniae/oxytoca)</i>	6,470 (8.0)	4	844 (4.0)	7
<i>Pseudomonas aeruginosa</i>	6,111 (7.5)	5	1,156 (5.5)	5
<u><i>Enterococcus faecalis</i></u>	5,484 (6.8)	6	1,240 (5.9)	4
<i>Candida albicans</i>	4,275 (5.3)	7	267 (1.3)	...
<i>Enterobacter spp.</i>	3,821 (4.7)	8	849 (4.0)	6
Other <i>Candida</i> spp. or NOS	3,408 (4.2)	9	96 (0.5)	...
<i>Enterococcus faecium</i>	3,314 (4.1)	10	517 (2.5)	...
<i>Enterococcus spp.</i>	2,900 (3.6)	11	775 (3.7)	8
<i>Proteus spp.</i>	2,031 (2.5)	12	667 (3.2)	...
<i>Serratia spp.</i>	1,727 (2.1)	13	385 (1.8)	...
<i>Acinetobacter baumannii</i>	1,490 (1.8)	14	177 (0.8)	...
Other ^b	9,304 (11.5)	...	3,399 (16.1)	...
Total	81,139 (100)		21,100 (100)	

**1 in 3 SSI is caused by *S. aureus*
44% of which is MRSA**

Important link to the global AMR agenda

- As noted, WHO have reported that up to 31% of patients will get a surgical site infection
- 1 in 3 are due to *Staphylococcus aureus*, more than 40% of which is MRSA
- ***This makes SSI prevention through hand hygiene action at the right times integral to the antimicrobial resistance agenda and even more critical***

HAI episodes per year in Europe

HAI type	LN-INT	P50 (LN-INT)	HAI inc.%	(95% CI)	N HAIs /year	(95% CI)	% of total HAIs	(95% CI)
Pneumonia/LRT	8.9	6.7	0.95	(0.58-1.66)	860 938	(522 771-1 500 038)	24.4	(14.8-42.5)
Urinary tract	8.0	6.3	0.98	(0.58-1.72)	888 106	(527 129-1 554 275)	25.2	(14.9-44.0)
Surgical site	15.0	9.3	0.60	(0.33-1.17)	543 149	(298 167-1 062 673)	15.4	(8.4-30.1)

543 149

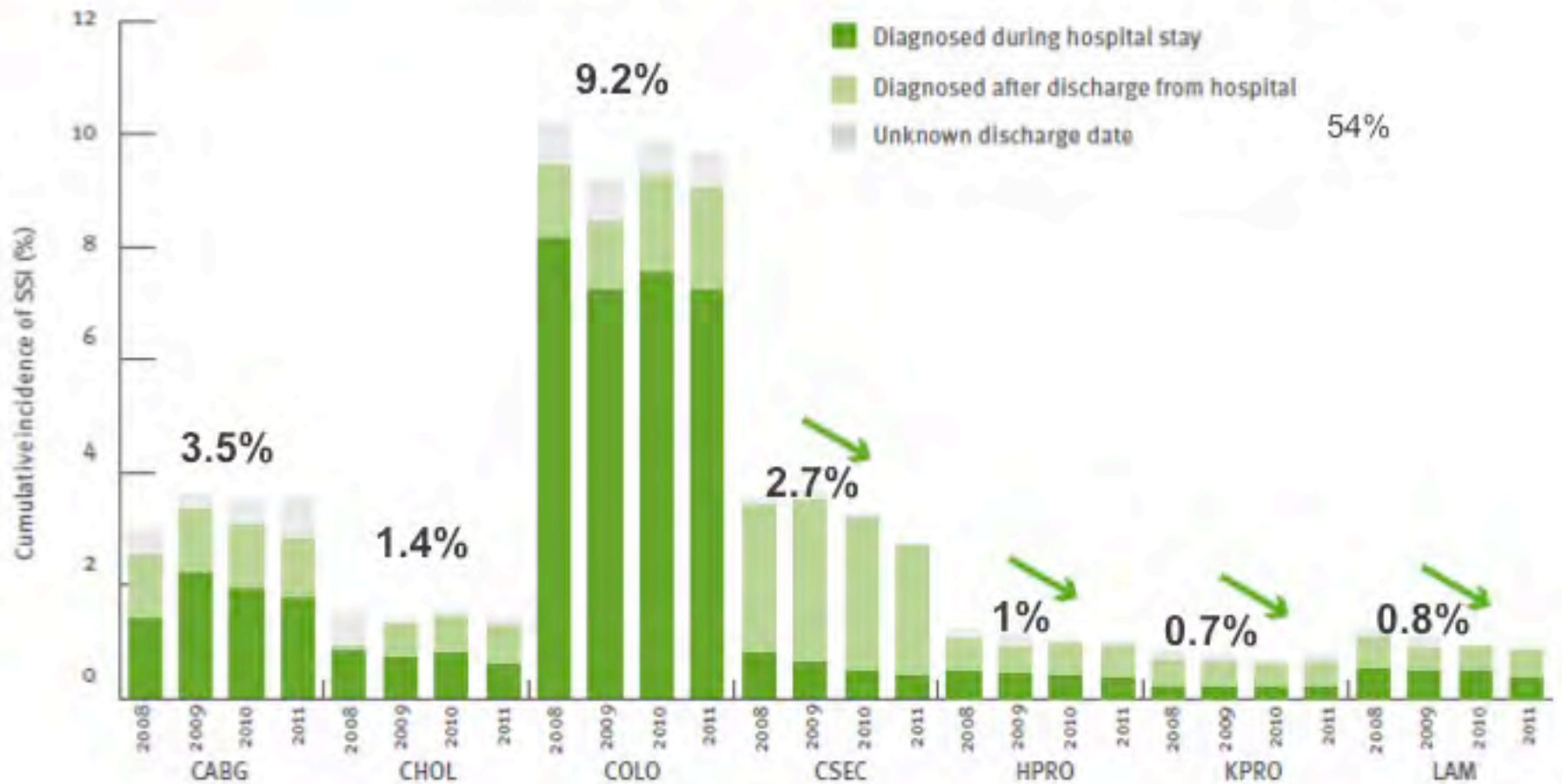
(298 167-1 062 673)

Skin/sort tissue	12.8	9.0	0.11	(0.05-0.31)	103 146	(43 564-277 627)	2.9	(1.2-7.9)
Other HAI types	13.2	7.9	0.36	(0.17-0.85)	326 903	(151 302-770 238)	9.3	(4.3-21.8)
Total HAIs ^(a)					3 529 778	(1 941 962-8 250 382)		

(ECDC, Point Prev Report 2011-12)

SSI cumulative incidence by operation type – 2008-2011

Figure 2.6.11. Cumulative Incidence of surgical site Infections by year and operation type, EU/EEA, 2008–2011



Prevalence of health care-associated infection in low-/middle-income countries, 1995-2010

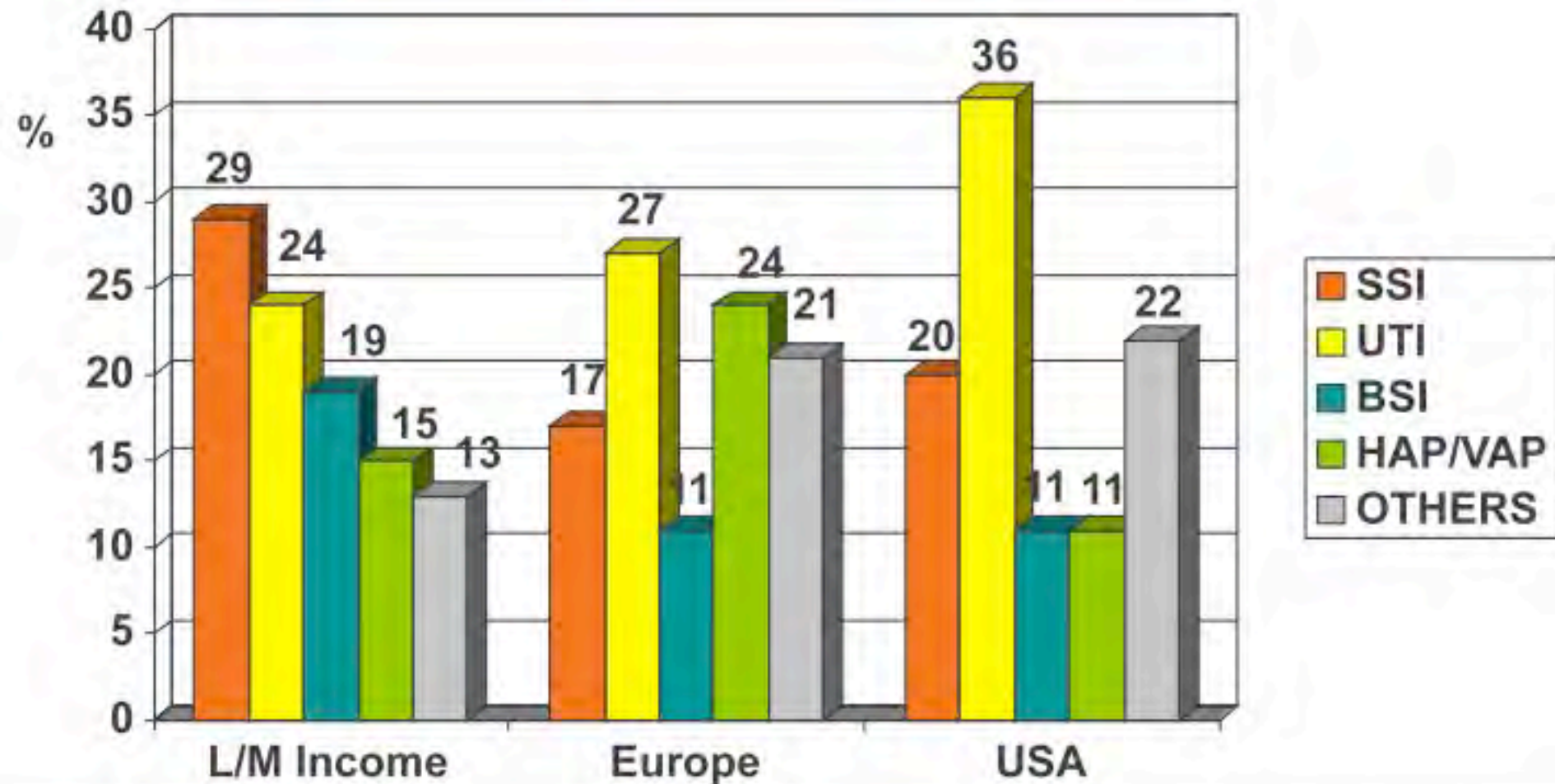


Range: 5.7-19.1%

Pooled prevalence: 10.1% (95% CI 8.4-12.2)

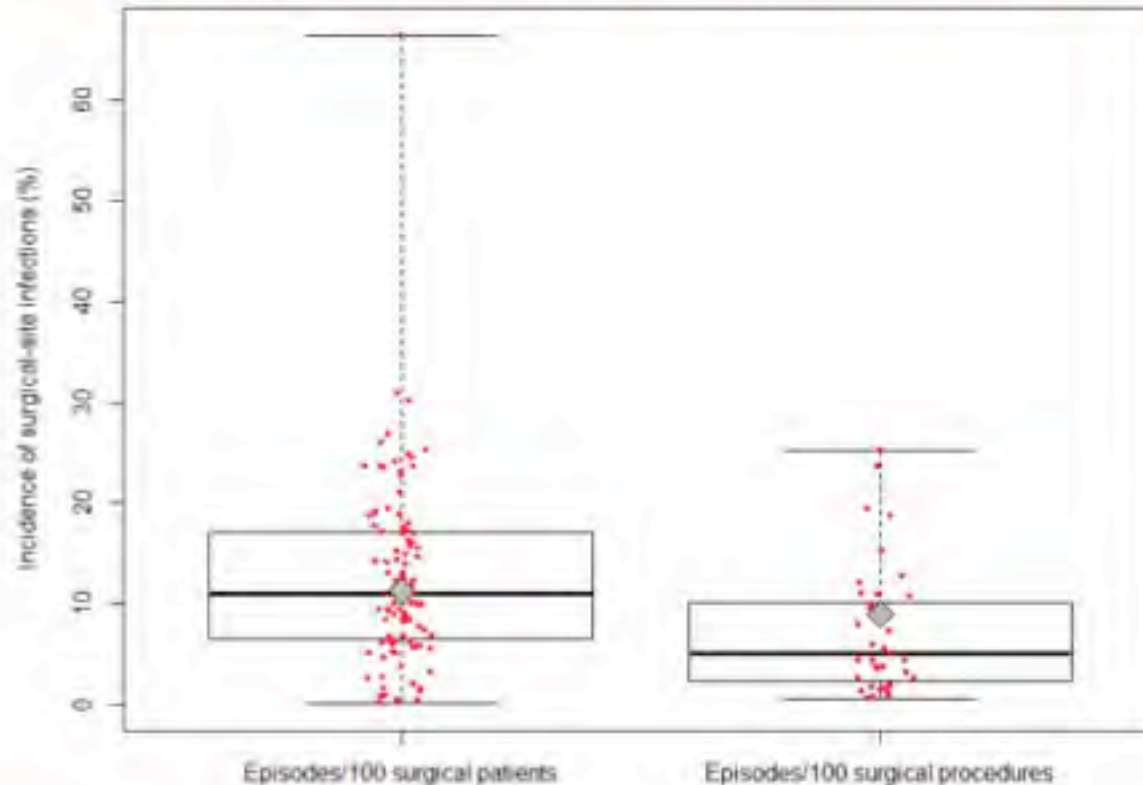
In high-quality papers: 15.5% (95% CI 12.6-18.9)

Type of hospital-acquired infection



Systematic review on SSI epidemiology in LMIC (1995-2015)*

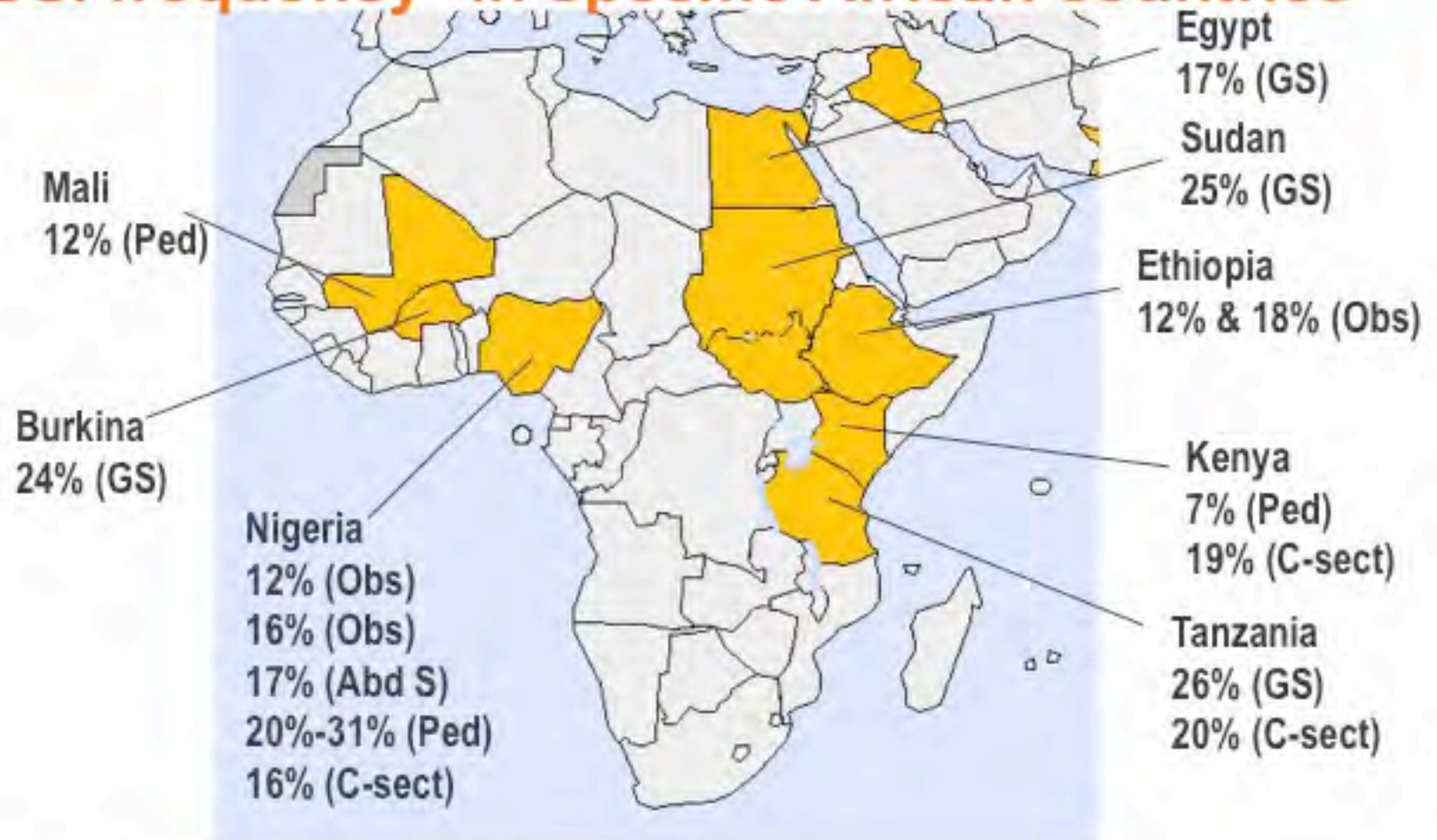
Incidence of surgical site infections (107 studies)



Pooled cumulative incidence: 11.2% (95% CI, 9.7 to 12.8) per 100 surg pts
7.1% (95% CI 4.6-10.2) per 100 surg procedures
 $I^2 = 99\%$

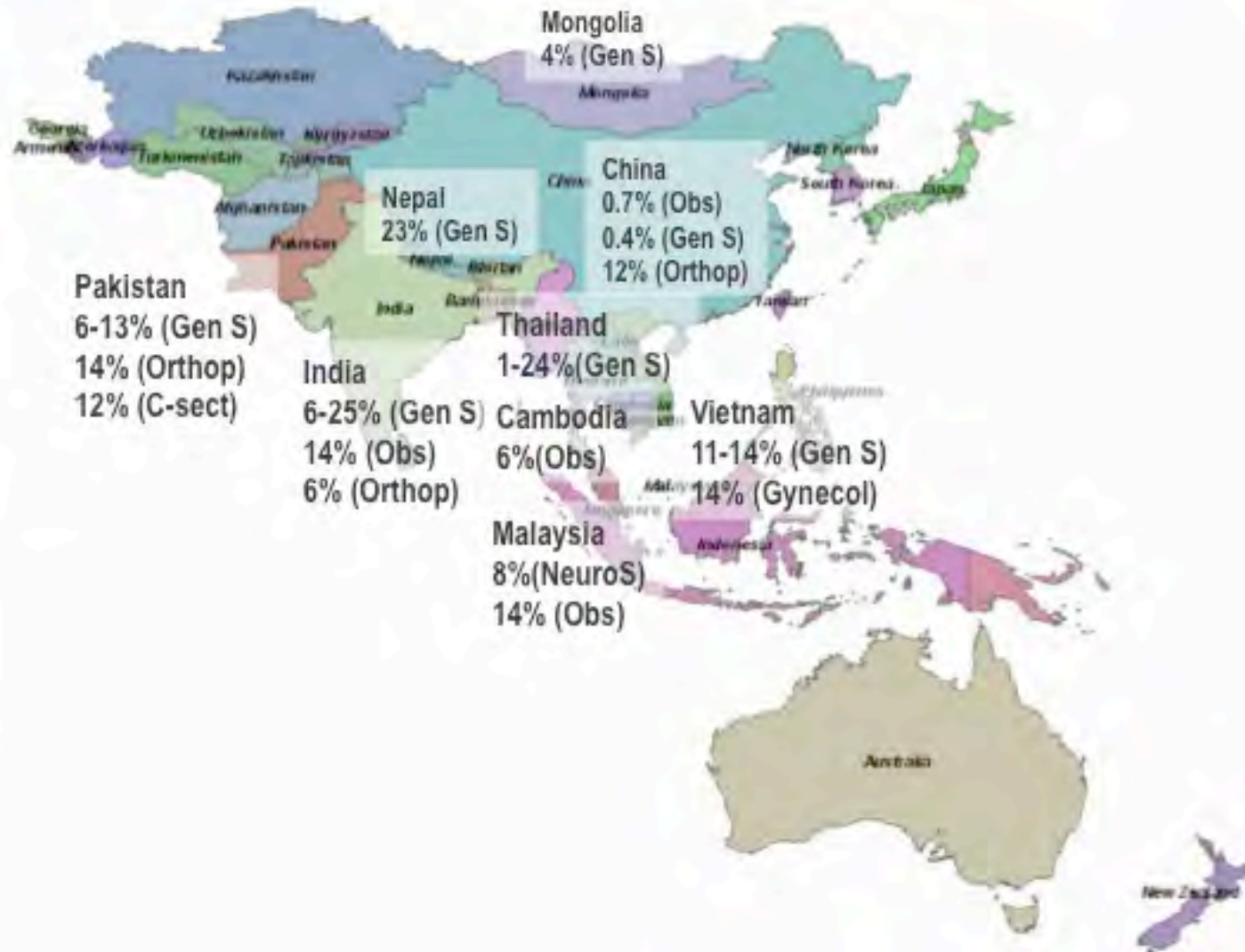
* 256 studies included

SSI frequency* in specific African countries



*High-quality prevalence and incidence studies

SSI frequency* in the Asia Pacific region (1995-2015)



*High-quality prevalence and incidence studies

Gaps in SSI surveillance in LMIC

No data from many countries

Inconsistent use of

- Definitions and surveillance methodologies
- Post-discharge surveillance
- Use of N of patients as denominator

Limited data on

- Microbiology and antibiotic resistance
- NNIS index and other risk factors
- Impact of SSI
- 18-58% SSI diagnosed after discharge

Outline

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313M

people undergo
surgery every year
- twice the number
of babies born in
the world

Patient admitted
to hospital
or clinic



313 000 000 individuals like Odile
require surgical procedures every year



"My name is Odile. I have an appointment
with Dr. Knife"

« Welcome to our hospital, Odile »





#SAFESURGICALHANDS

Prof. DIDIER PITTEI



« My first contact with a surgeon »

www.tinyurl.com/5momentsSurgery



Hand hygiene, a sign of respect

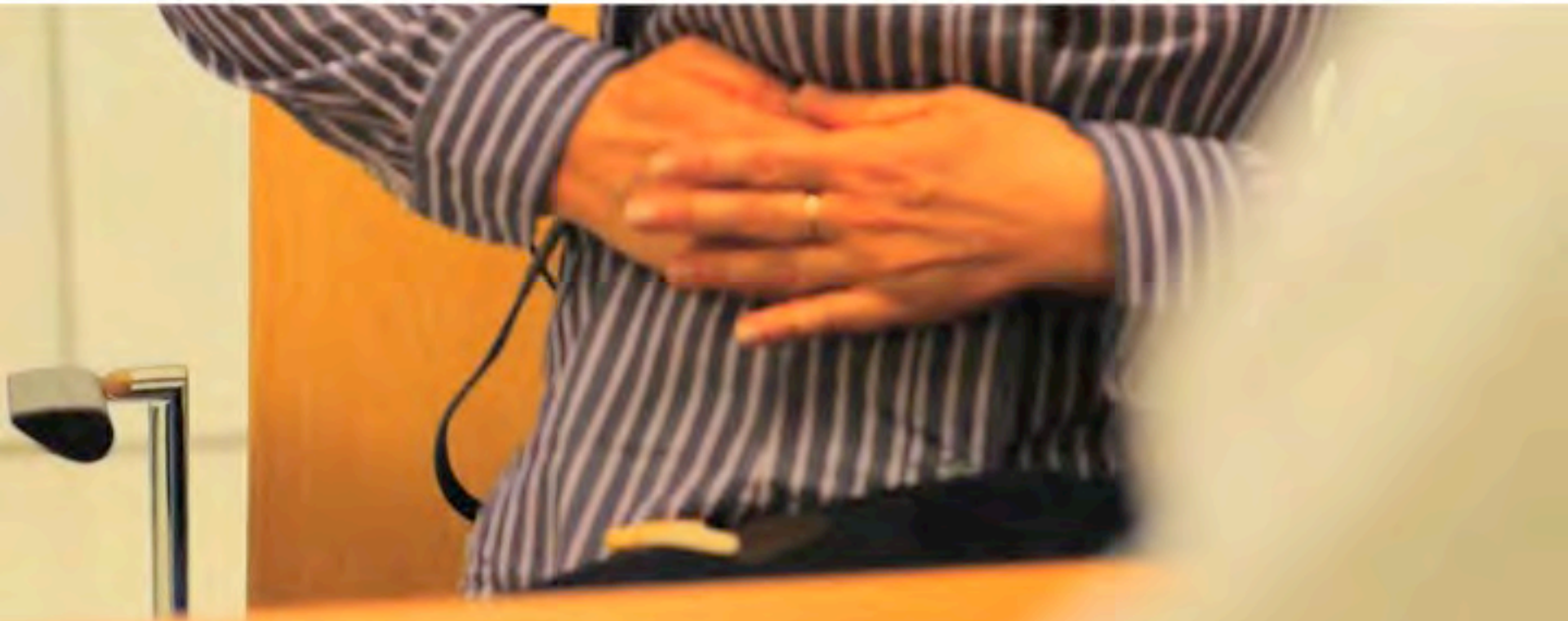


www.tinyurl.com/5momentsSurgery

« Here is probably the surgeon »



« Describing the pain to the surgeon »



www.tinyurl.com/5momentsSurgery

« Yes, you need a surgical procedure »



Surgery – Admission office



www.tinyurl.com/5momentsSurgery




HAND HYGIENE AND THE SURGICAL PATIENT JOURNEY

313M
people undergo surgery every year
- twice the number of babies born in the world

Patient admitted to hospital or clinic



 Risk of patient colonization with germs



Peripheral venous catheter/urinary catheter insertion


 **61%**
of health workers do not clean their hands at the right moment



Risk of catheter-associated infection

The operating room



 Risk of surgical site infection (SSI)

 **Post-op recovery**



1 in 2
surgical staff do not clean their hands at the right moment

SURGICAL SCRUB TECHNIQUE:
HAND WASH OR USE ALCOHOL-BASED HANDRUB

MOMENTS FOR HAND HYGIENE

✓ 2&3

UP TO 31%

« My first contact with an anesthesiologist »

www.tinyurl.com/5momentsSurgery



« Pre-surgery check-up »

www.tinyurl.com/5momentsSurgery



Patient admitted to hospital or clinic



Risk of patient colonization with germs



Peripheral vascular catheter/urinary catheter insertion

My 5 moments for HAND HYGIENE



61% of health workers **do not clean their hands** at the right moment

Risk of catheter-associated infection

MOMENTS FOR HAND HYGIENE



SCRUB TECHNIQUE:

✓ 2&3

HAND WASH OR USE

ical staff do not

« My first time in an operating theater »



« My anesthesiologist is here,
.....rubbing his hands; I feel good »





www.tinyurl.com/5momentsSurgery



My 5 Moments for Hand Hygiene

Focus on caring for a patient with a peripheral venous catheter



Key additional considerations for peripheral intravenous catheters

1. **Indication:** Ensure that a peripheral venous catheter is indicated. Remove the catheter when no longer necessary/clinically indicated.
2. **Insertion/insertion site/insertion/removal:**
 - 2.1 Prepare clean skin with an antiseptic (70% alcohol, tincture of iodine, or iodophor, or alcohol-based 2% chlorhexidine gluconate) before catheter insertion.
 - 2.2 Wear clean, non-sterile gloves and apply an aseptic procedure (with non-touch technique) for catheter insertion, removal, and blood sampling.
 - 2.3 Replace any dry gauze-type dressings every 2 days.
 - 2.4 Consider scheduled catheter change every 96 hours.
 - 2.5 Change tubing used to administer blood, blood products, chemotherapy, and fat emulsions within 34 hours of infusion start. Consider changing all other tubing every 96 hours.
3. **Monitoring:** Record time and date of catheter insertion, removal and dressing change, and condition (visual appearance) of catheter site every day.



World Health
Organization

SAVE LIVES
Clean Your Hands

Clean Care
is Safer Care
2005-2015

« Placing a tube in my trachea... »

www.tinyurl.com/5momentsSurgery



My 5 Moments for Hand Hygiene

Focus on caring for a patient with an endotracheal tube



Key additional considerations for adult patients with endotracheal tubes

- Avoid intubation and use non-invasive ventilation whenever appropriate.
- If possible, provide endotracheal tubes with subglottic secretion drainage ports for patients likely to require more than 48 hours of intubation.
- Elevate the head of the bed to 30°–45°.
- Manage ventilated patients without sedatives whenever possible.
- Assess readiness for extubation every day by performing spontaneous breathing trials with sedatives halted off (in patients without contraindications). Perform regular oral care aseptically using clean, non-sterile gloves.
- Facilitate early exercise and mobilization to maintain and improve physical condition.
- Change the ventilator circuit only if visibly soiled or malfunctioning.



World Health
Organization

SAVE LIVES
Clean Your Hands

Clean Care
is Safer Care
2005-2015

« But, where is my surgeon ? »



Surgical Handrubbing Technique

- Handwash with soap and water on arrival to OR, after having donned theatre clothing (cap/hat/bonnet and mask).
- Use an alcohol-based handrub (ABHR) product for surgical hand preparation, by carefully following the technique illustrated in Images 1 to 17, before every surgical procedure.
- If any residual talc or biological fluids are present when gloves are removed following the operation, handwash with soap and water.



1

Put approximately 5ml (3 doses) of ABHR in the palm of your left hand, using the elbow of your other arm to operate the dispenser.



2

Dip the fingertips of your right hand in the handrub to decontaminate under the nails (5 seconds).



3



4



5



6



7

Images 3-7: Smear the handrub on the right forearm up to the elbow. Ensure that the whole skin area is covered by using circular movements around the forearm until the handrub has fully evaporated (10-15 seconds).





www.tinyurl.com/SurgScrubTech



www.tinyurl.com/SurgScrubTech

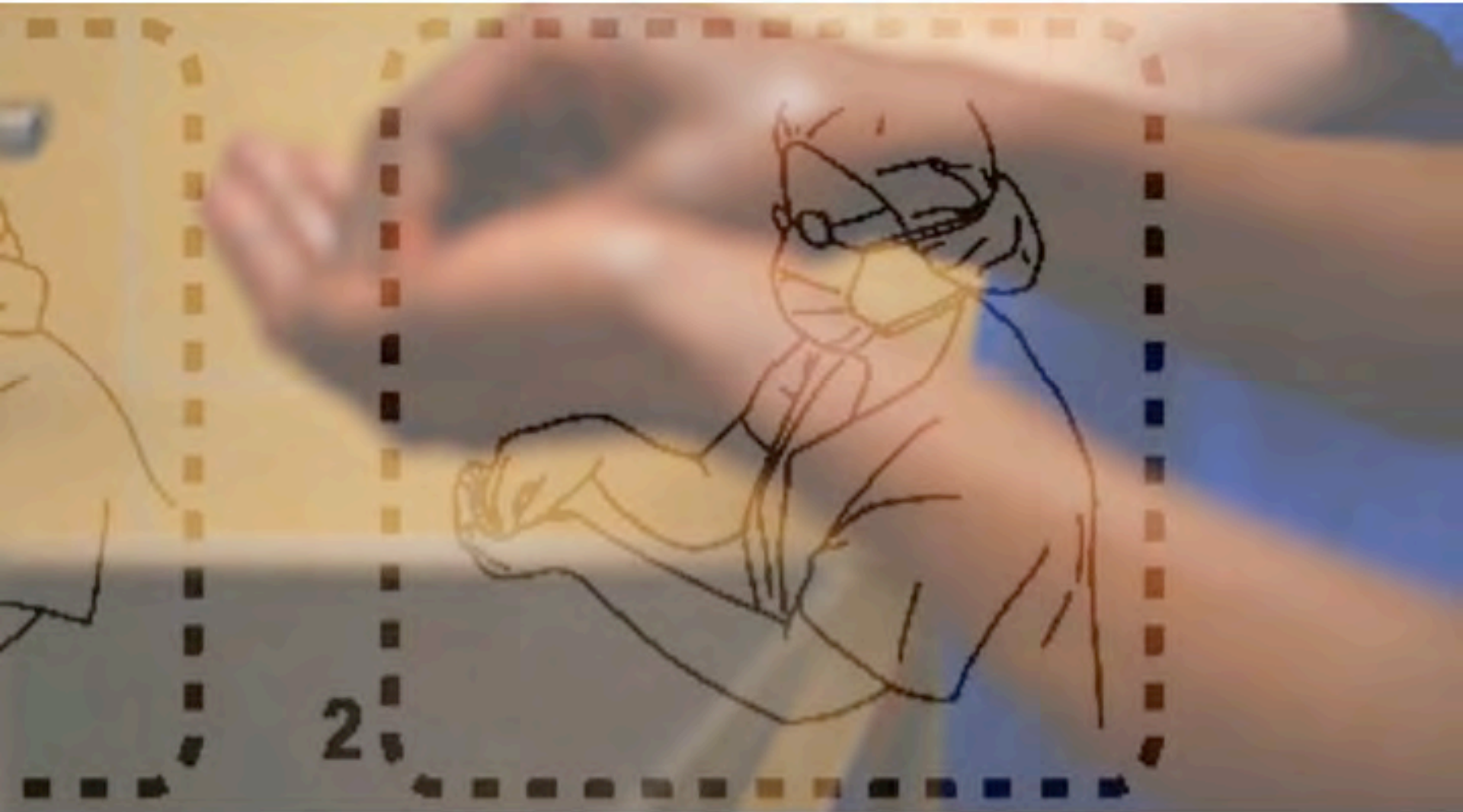


Put approx. 5ml (3 doses)

www.tinyurl.com/SurgScrubTech



www.tinyurl.com/SurgScrubTech



www.tinyurl.com/SurgScrubTech



www.tinyurl.com/SurgScrubTech



www.tinyurl.com/SurgScrubTech



www.tinyurl.com/SurgScrubTech



www.tinyurl.com/SurgScrubTech



Repeat steps 1-7
for other hand & forearm

www.tinyurl.com/SurgScrubTech



17

www.tinyurl.com/SurgScrubTech



www.tinyurl.com/SurgScrubTech



www.tinyurl.com/SurgScrubTech



« Where am I ?.... Is surgery over ? »



room

SURGICAL
HAND
ALCOHOL



Post-op
recovery



Line/urinary
catheter removal



MOMENTS FOR
HAND HYGIENE

✓ 2&3



1 in 2



surgical staff **do not**
clean their hands
at the right moment

UP TO
31%



of patients will
get an **SSI**²

Length of stay
increases by



in **SSI cases**



Post-op wound
dressing removal



Recovery Room

www.tinyurl.com/5momentsSurgery



Pain control in recovery room

www.tinyurl.com/5momentsSurgery





www.tinyurl.com/5momentsSurgery

Managing medical devices

www.tinyurl.com/5momentsSurgery



My 5 Moments for Hand Hygiene

Focus on caring for a patient with a Urinary Catheter



5 KEY ADDITIONAL CONSIDERATIONS FOR A PATIENT WITH A URINARY CATHETER

- Make sure that there is an appropriate indication for the indwelling urinary catheter.
- Use a closed urinary drainage system, and keep it closed.
- Insert the catheter aseptically using sterile gloves.
- Assess the patient at least daily to determine whether the catheter is still necessary.
- Patients with indwelling urinary catheters do not need antibiotics (including for asymptomatic bacteriuria), unless they have a documented infection.



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Organization

SAVE LIVES
Clean Your Hands

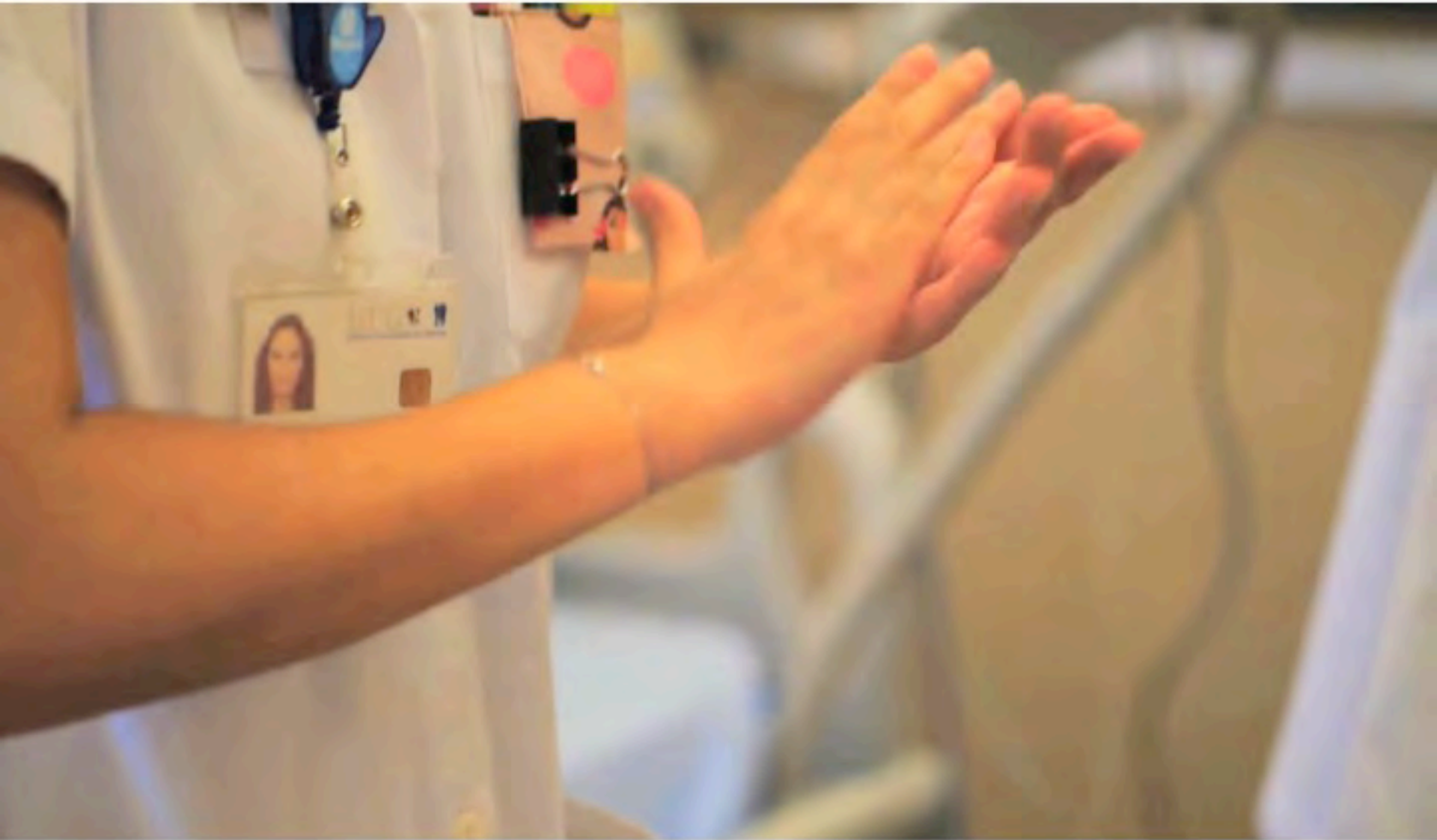
No Action Today
No Cure Tomorrow



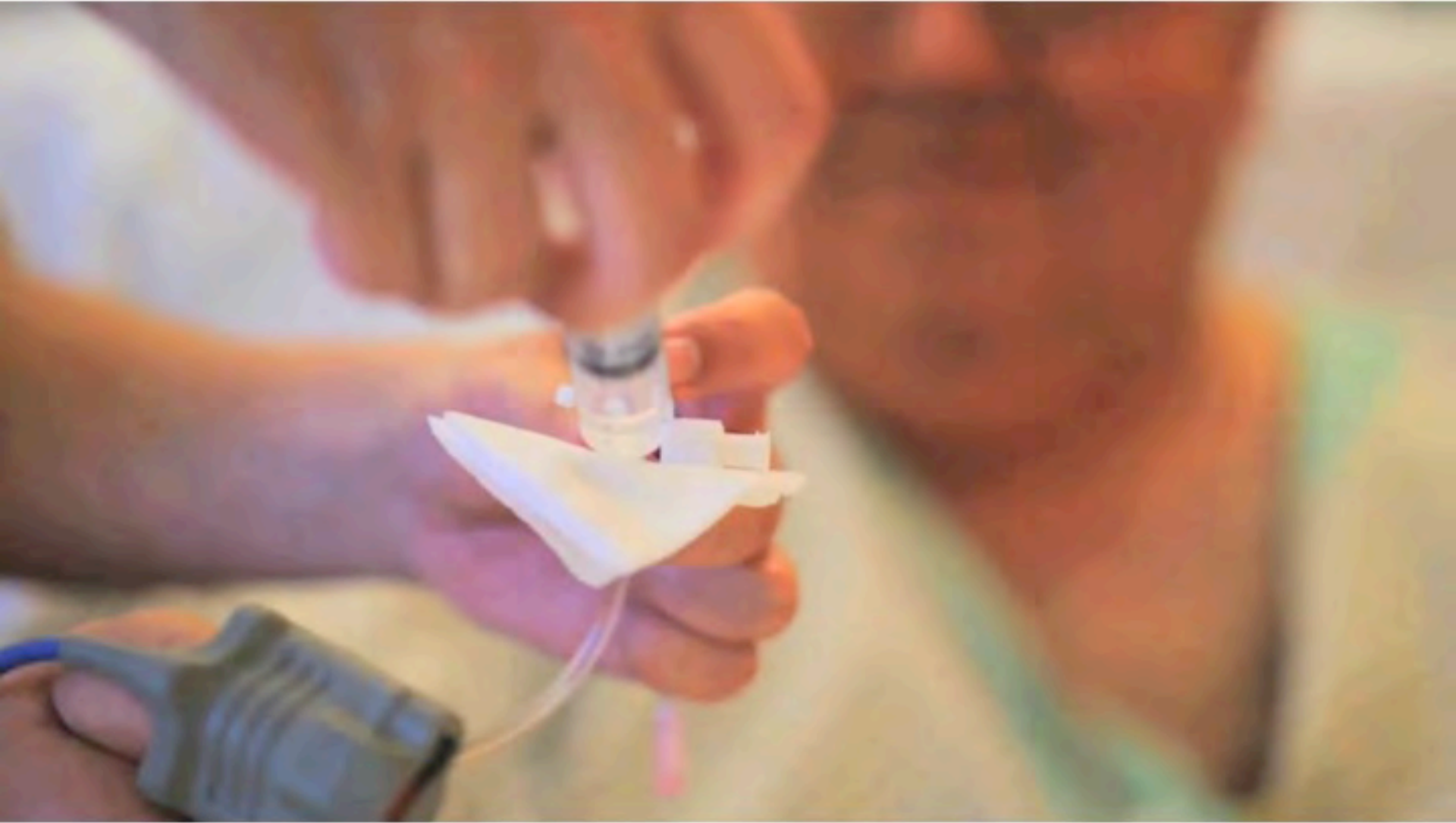
www.tinyurl.com/5momentsSurgery

IV device management





www.tinyurl.com/5momentsSurgery



www.tinyurl.com/5momentsSurgery

My 5 Moments for Hand Hygiene

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 - 2.4 Consider scheduled catheter change every 96 hours.
 - 2.5 Change tubing used to administer blood, blood products, chemotherapy, and fat emulsions within 24 hours of infusion start. Consider changing all other tubing every 96 hours.
3. **Monitoring:** Record time and date of catheter insertion, removal and dressing change, and condition (visual appearance) of catheter site every day.



« What is the next step ?.... Is risk over ? »

Surgical site care / wound care



Immediately before touching the post-operative wound dressing/site, for example:

- 2a. Before physically examining the post-operative wound site, including before taking wound samples for microbiological investigations, if required
- 2b. Before touching the wound to remove stitches/clips
- 2c. Before preparing the necessary items for replacing the wound dressing
- 2d. Before replacing the actual post-operative wound dressing



Immediately after any task involving potential body fluid exposure, such as:

- 3a. After post-operative wound examination/sample collection
- 3b. After removing stitches/clips
- 3c. After undertaking a post-operative wound dressing change

« My surgeon post-op visit »



www.tinyurl.com/5momentsSurgery

UP TO
31%
 of patients will
 get an **SSI**²



MOMENTS FOR
 HAND HYGIENE



**Patient safely
 discharged**



✓ 2&3

Post-op wound
 dressing removal



**HAND HYGIENE
 SUPPORTS SAFE
 SURGICAL CARE**



« I am going
back home ... »

« Safe surgical care all along
the patient's journey »



At: www.who.int/gpsc/5may/video/en/



World Health
Organization

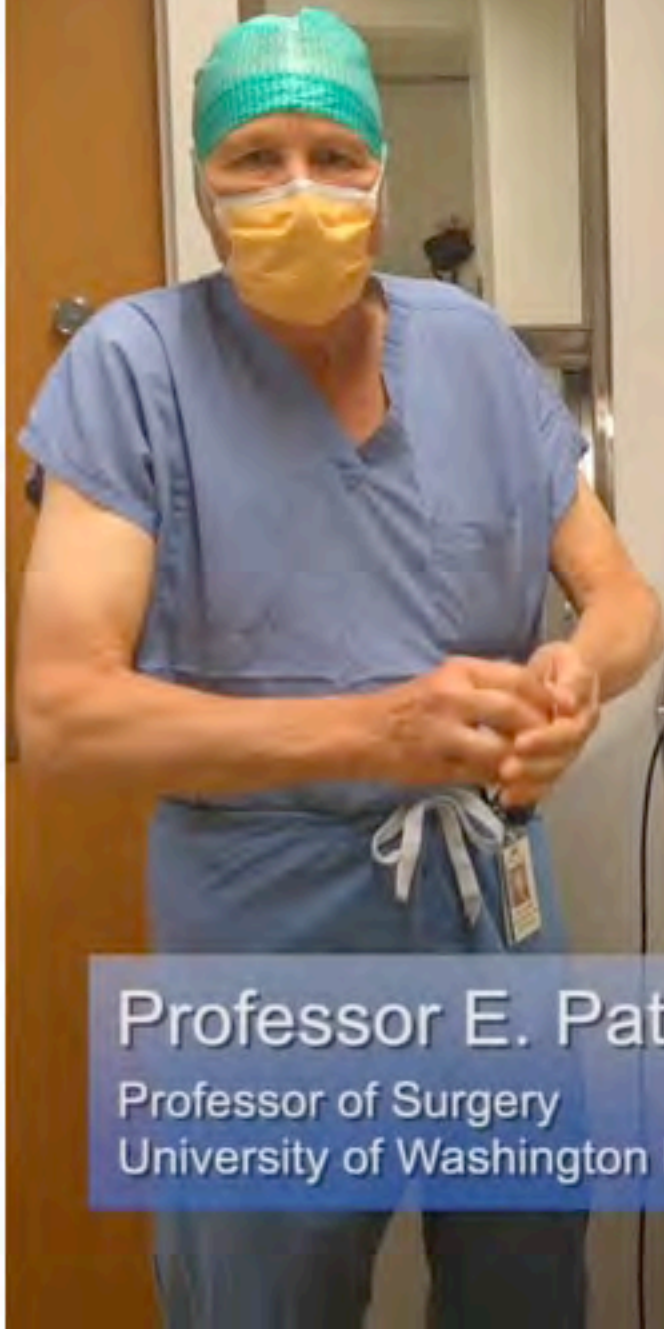
« Safe surgical care all along
the patient's journey »



Professor Joseph S. Solomkin
Professor of Surgery Emeritus
University of Cincinnati College of Medicine (USA)

www.who.int/gpsc/5may/video/en/


www.who.int/gpsc/5may/video/en/



Professor E. Patchen Dellinger

Professor of Surgery

University of Washington Medical School (USA)



Dr Peter M Nthumba
Surgeon
AIC Kijabe Hospital, Kijabe (Kenya)

www.who.int/gpsc/5may/video/en/



World Health
Organization



www.who.int/gpsc/5may/video/en/

Surgery admission office



Anesthesiology



Surgical hand preparation



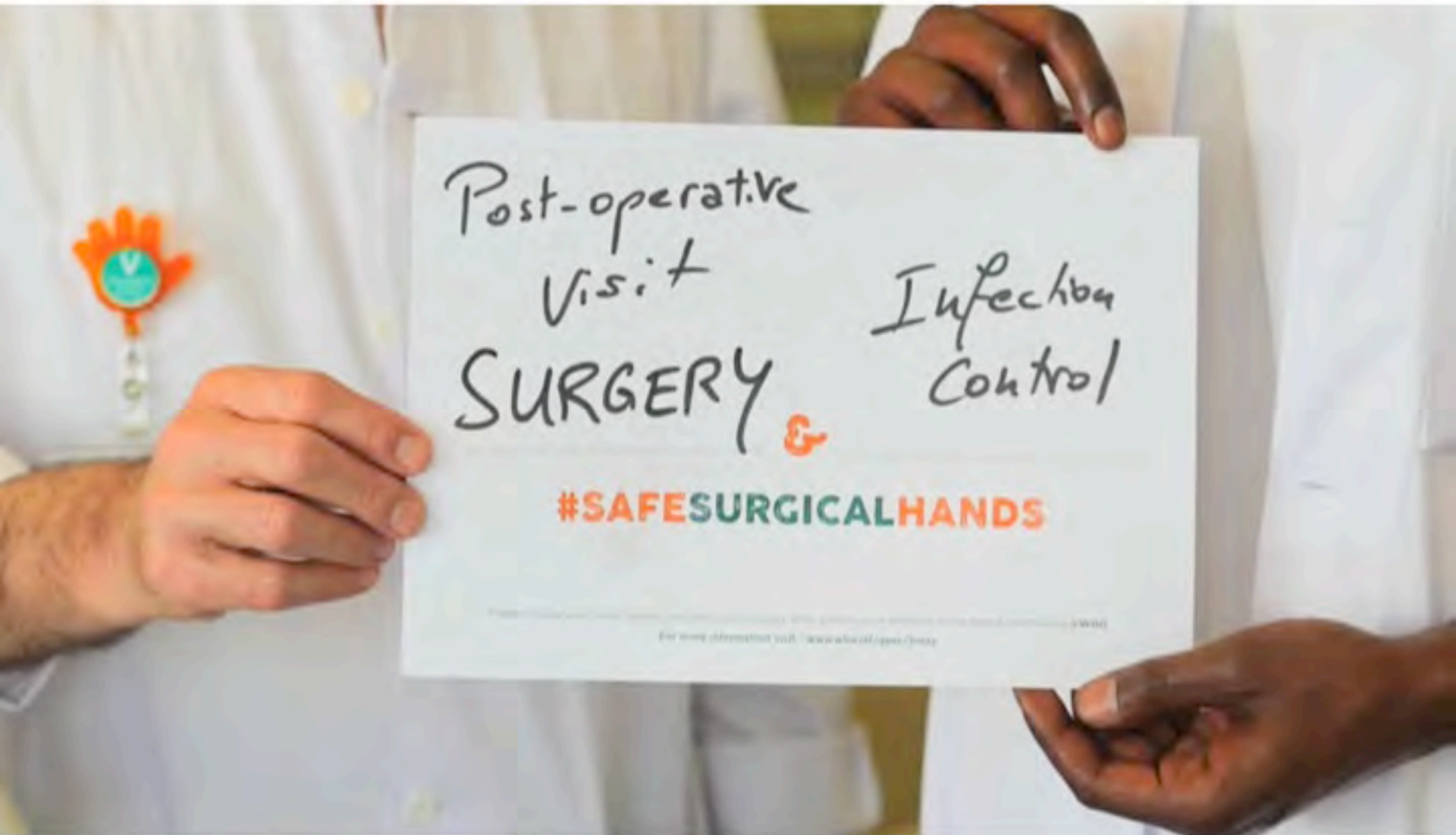
Safe care in the Recovery Room



www.who.int/gpsc/5may/EN_PSP_GPSC1_5May_2016/en/

Pre & Post surgical care





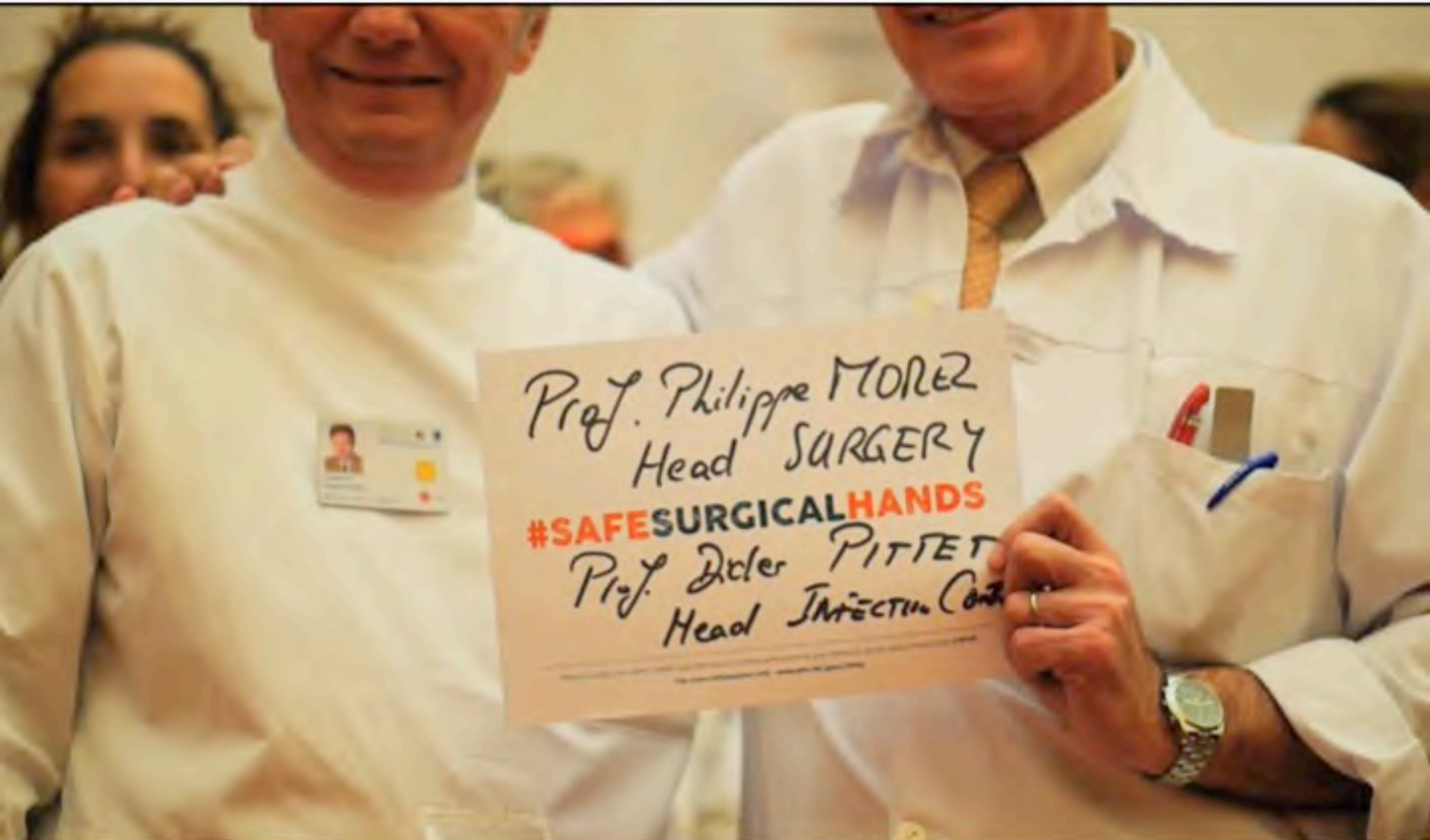




www.who.int/gpsc/5may/EN_PSP_GPSC1_5May_2016/en/

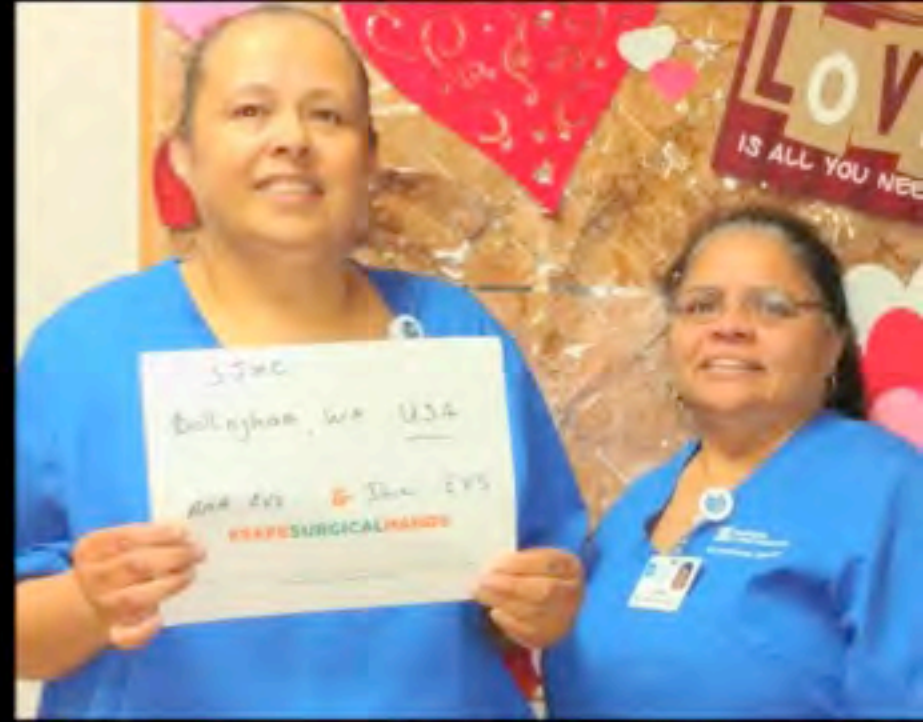


www.who.int/gpsc/5may/EN_PSP_GPSC1_5May_2016/en/



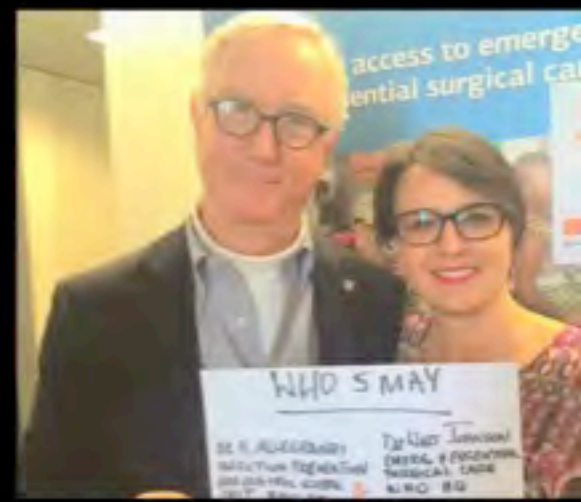
Outline

- Global burden of disease in surgery
- The patient's journey in surgery
- **SAVE LIVES: Clean Your Hands 5 May** campaign global reach #safesurgicalhands
- WHO Infection Prevention and Control Global Unit overview
- New WHO guidelines on SSI prevention outline





www.who.int/gpsc/5may/EN_PSP_GPSC1_5May_2016/en/





www.who.int/gpsc/5may/EN_PSP_GPSC1_5May_2016/en/



www.who.int/gpsc/5may/EN_PSP_GPSC1_5May_2016/en/

Leadership promoting the campaign



Leadership promoting the campaign



Experts around the world show commitment to WHO 5 May campaign

As part of the major global effort to improve hand hygiene in health care, the WHO SAVE LIVES: Clean Your Hands campaign every year asks people to share their photographs. In 2015, social media analytics reported a reach of 39 million for #safeHANDS, with thousands of people posting their photographs. This year leaders from around the world have already taken their photographs in support of the 2016 theme of #safesurgicalhands.

17 / 29



Surgical leaders in Ghana



WHO Eastern Mediterranean Region

Translated materials in Hungarian, Bulgarian among others
Many activities in Sierra Leone and the Western Pacific Region



National and regional activities in France

Mexico





Private Organizations for Patient Safety

*Private Organisations for Patient Safety (POPS)
A collaboration between the World Health Organisation Patient Safety Programme and industry*

POPS supports 5th of May with :

- Landing page
- Educational Materials
- Translations
- Social media presence
- Press releases

.....

gojo Skin Health and Hygiene Solutions
 Skin Hygiene solutions of PURELL®

Discover
 a healthy world with GOJO

MAY 5, 2016
 A global commitment to hand hygiene
 #HandHygiene #WorldHandHygieneDay

Private Organizations for Patient Safety

SEE YOUR HANDS
 SAFE SURGICAL CARE
 #SAFE SURGICAL HANDS

Private Organizations for Patient Safety

WORLD HAND HYGIENE DAY 5th May

SAVE LIVES. Clean your hands

Private Organizations for Patient Safety

SEE YOUR HANDS
 TOGETHER

Private Organizations for Patient Safety



**Private
 Organizations
 for Patient
 Safety**

Jérôme Lemaître a networked
Ecolab @Ecolab · 19 avr.
Ecolab is committed to #safesurgicalhands. Make the pledge with us!
@WHO @GLOBAL_POPS bit.ly/1SpGqer



Understanding better outcomes for your surgical hand hygiene campaign

1. **Hand hygiene** is the most effective way to prevent the spread of infection.
2. **Hand hygiene** is the most effective way to prevent the spread of infection.
3. **Hand hygiene** is the most effective way to prevent the spread of infection.
4. **Hand hygiene** is the most effective way to prevent the spread of infection.
5. **Hand hygiene** is the most effective way to prevent the spread of infection.

KEY ADDITIONAL CONSIDERATIONS FOR POST-OPERATIVE WOUNDS

- 1. Most commonly, hand hygiene is the most effective way to prevent the spread of infection.
- 2. Hand hygiene is the most effective way to prevent the spread of infection.
- 3. Hand hygiene is the most effective way to prevent the spread of infection.
- 4. Hand hygiene is the most effective way to prevent the spread of infection.
- 5. Hand hygiene is the most effective way to prevent the spread of infection.

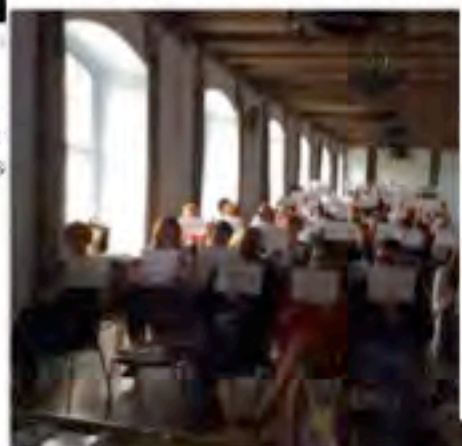
MY 5 MOMENTS FOR HAND HYGIENE
Focus on caring for a patient with a post-operative wound*

Thomas Hennig @thomashennig · 26 avr.
Preparing for 5th May #safesurgicalhands @GLOBAL_POPS @WHO



The Polish Nephrology Assoc. of Nurses joined campaign #safesurgicalhands at their annual workshop @GLOBAL_POPS @WHO

Deb UK @DebGroupUK
HANDS: Don't forget from admission to discharge



JOIN HANDS FOR SAFE SURGICAL CARE

SEE YOUR HANDS, 5 May 2015 - *Selamat datang untuk bergabung!*
Selamat datang!

1. **Hand hygiene** is the most effective way to prevent the spread of infection.
2. **Hand hygiene** is the most effective way to prevent the spread of infection.
3. **Hand hygiene** is the most effective way to prevent the spread of infection.

SAVE LIVES
ELIJAH MUHAMMAD

SEE YOUR HANDS

HAND HYGIENE SUPPORTS SAFE SURGICAL CARE

SAVE LIVES

**KERIN
DOKTER CUKA BAK
TUKU KINERJA SIKAP
AN TOAN TRUNG PHAU THUAT**

*Kính nhân phải thật trong tay bạn. Mỹ nhân như đôi tay của bạn.
Tay bạn như đôi tay của họ. Tay bạn như đôi tay của họ.
TƯ KINH NHÂN ĐẾN KINH KẾT THỰC ĐIỀU TRỊ*

JOIN HANDS FOR SAFE SURGICAL CARE

SEE YOUR HANDS, 5 May 2015 - *Selamat datang untuk bergabung!*
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SAVE LIVES
ELIJAH MUHAMMAD

JOIN US!

Info&Tools – 5 May – SAVE LIVES: Clean Your Hands
<http://www.who.int/gpsc/5may/en/>

POST YOUR PHOTOS/SELFIES at:
<http://cleanhandssavelives.org>

140 countries committed to address health care-associated infection

World population coverage : > 95 %

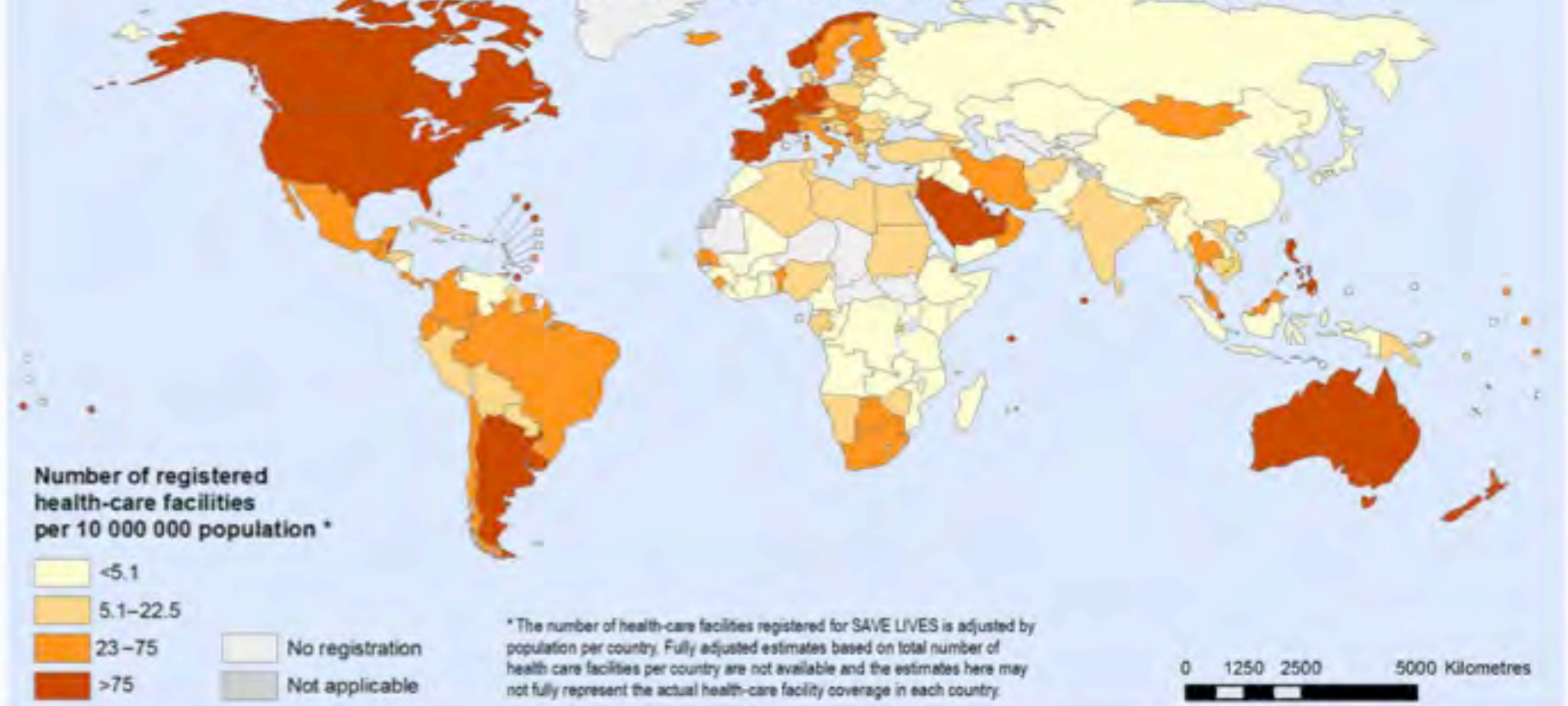


© World Health Organization

Countries committed Oct 2005 – 4 May 2016

Countries with health-care facilities registered for
SAVE LIVES: Clean Your Hands global campaign

18,738 in 176 countries, new for 2016
San Marino and Turks and Caicos



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Innovation, Information,
Evidence and Research (IER)
World Health Organization



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Hong Kong
5 May 2014

**1st Hand Sanitizing Relay Guinness World Record
on Compliance with Hand Hygiene
Hong Kong Baptist Hospital**



Get ready this year again !

Hanrub
technique
to practice

Make sure
staff
practice
in advance

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

⌚ Duration of the entire procedure: **20-30 seconds**

1a



Apply a palmful of the product in a cupped hand, covering all surfaces.

1b



2



Rub hands palm to palm.

3



Right palm over left dorsum with interlocked fingers and vice versa.

4



Palm to palm with fingers interlocked.

5



Backs of fingers to opposing palms 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



Once dry, your hands are safe.



World Health Organization

Patient Safety

A WHO Mission of Care

SAVE LIVES

Clean Your Hands

JOIN US!



WHO Hand Hygiene Sanitizing Relay – New Guinness World Record

As of 5 May 2015, WHO world Hand Hygiene Day, Prof. Didier Pittet & staff at the WHO Collaborating Center on Patient Safety in Geneva propose to all hospital...



All info: www.tinyurl.com/HHRelay

Send your photos and videos at:

CleanHandsSaveLives.org

handhygienerelay@cleanhandssavelives.org





Mashhad,
Iran, 2015





Come share your own Relay on:



facebook.com/groups/HandSanitizingRelay

And break the Guinness World Record in 2016!

All the information: www.who.int/gpsc/5may/en/

handhygienerelay@cleanhandssavelives.org



Hand Hygiene Self-Assessment Framework 2010

Introduction and user instructions

The **Hand Hygiene Self-Assessment Framework** is a systematic tool with which to obtain a situation analysis of hand hygiene promotion and practices within an individual health care facility.

What is its purpose?

While providing an opportunity to reflect on existing resources and achievements, the **Hand Hygiene Self-Assessment Framework** also helps to focus on future plans and challenges. In particular, it acts as a diagnostic tool, identifying key issues requiring attention and improvement. The results can be used to facilitate development of an action plan for the facility's hand hygiene promotion programme. Repeated use of the **Hand Hygiene Self-Assessment Framework** will also allow documentation of progress with time.

Overall, the tool should be a catalyst for implementing and sustaining a comprehensive hand hygiene programme within a health-care facility.

Who should use the Hand Hygiene Self-Assessment Framework?

This tool should be used by professionals in charge of implementing a strategy to improve hand hygiene within a health-care facility. If no strategy is being implemented yet, then it can also be used by professionals in charge of infection control or senior managers at the facility directorate. The framework can be used globally, by health-care facilities at any level of progress as far as hand hygiene promotion is concerned.

How is it structured?

The **Hand Hygiene Self-Assessment Framework** is divided into five components and 27 indicators. The five components reflect the five elements of the **WHO Multimodal Hand Hygiene Improvement Strategy** (<http://www.who.int/googlesitemap/files/en/index.html>) and the indicators have been selected to represent the key elements of each component. These indicators are based on evidence and expert consensus and have been framed as questions with defined answers (either "Yes/No" or multiple options) to facilitate self-assessment. Based on the score achieved for the five components, the facility is assigned to one of four levels of hand hygiene promotion and practice: **Insufficient**, **Basic**, **Intermediate** and **Advanced**.

Insufficient: hand hygiene practices and hand hygiene promotion are deficient. Significant improvement is required.

Basic: some measures are in place, but not to a satisfactory standard. Further improvement is required.

Intermediate: an appropriate hand hygiene promotion strategy is in place and hand hygiene practices have improved. It is now crucial to develop long-term plans to ensure that improvement is sustained and progressed.

Advanced: hand hygiene promotion and optimal hand hygiene practices have been sustained and/or improved, helping to embed a culture of safety in the health-care setting.

Leadership criteria have also been identified to recognise facilities that are considered a reference centre and contribute to the promotion of hand hygiene through research, innovation and information sharing. The assessment according to leadership criteria should only be undertaken by facilities having reached the **Advanced** level.

How does it work?

While completing each component of the **Hand Hygiene Self-Assessment Framework**, you should circle or highlight the answer appropriate to your facility for each question. Each answer is associated with a score. After completing a component, add up the scores for the answers you have selected to give a subtotal for that component. During the interpretation process these subtotals are then added up to calculate the overall score to identify the hand hygiene level to which your health-care facility is assigned.

The assessment should not take more than 30 minutes, provided that the information is easily accessible.

With the **Framework** you will find a document called "WHO Implementation Brief" using the tools made available from the **WHO Five-Global Patient Safety Challenge** to facilitate the implementation of the **WHO Multimodal Hand Hygiene Improvement Strategy** (<http://www.who.int/googlesitemap/files/en/index.html>). These tools are listed in relation to the relevant indicators included in the **Framework** and may be useful when developing an action plan to address areas identified as needing improvement.

Is the Hand Hygiene Self-Assessment Framework suitable for inter-facility comparison?

Health-care facilities or national bodies may consider adapting the tool for external comparison or benchmarking. However, this was not a primary aim during the development of the tool. In particular, we would draw attention to the risks inherent in using a self-assessed evaluation tool for external benchmarking and also advise the use of caution if comparing facilities of different sizes and complexity, in different socioeconomic settings. It would be desirable to consider these limitations if inter-facility comparison is to be undertaken.

WHO Survey 2015

Hand Hygiene Self-Assessment Framework Results

- From June 2015 to January 2016, health care facilities were invited to participate in WHO's second survey based on completion of the Hand Hygiene Self-Assessment Survey (HHSAF)
- A dedicated, protected online site was used
- In addition to online submission, data could also be submitted by email direct to WHO to allow for ease of data submission where necessary
- Staff at WHO were allocated to undertake data entry and quality checks

www.tinyurl.com/HHSAFsurvey



World Health
Organization

Patient Safety

A Global Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

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Intermediate: an appropriate hand hygiene promotion strategy is in place and hand hygiene practices have improved. It is now crucial to develop long-term plans to ensure that improvement is sustained and progresses.

Advanced: hand hygiene promotion and optimal hand hygiene practices have been sustained and/or improved, helping to embed a culture of safety in the health-care setting.

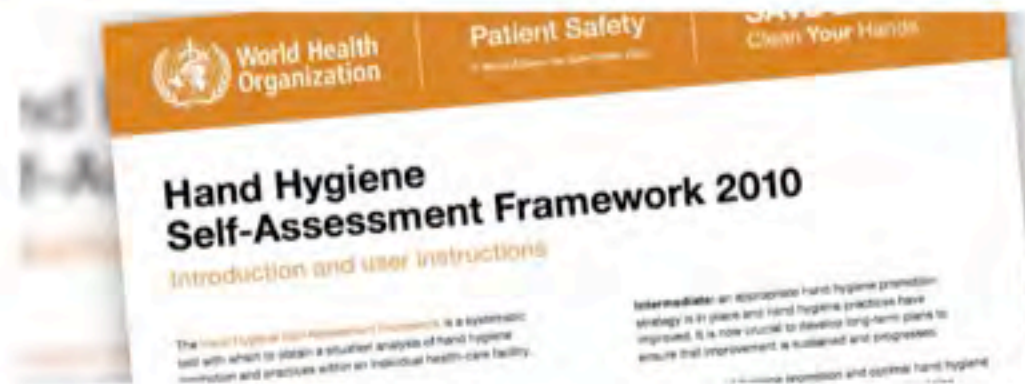
Leadership criteria have also been identified to recognise facilities that are considered a reference centre and contribute to the promotion of hand hygiene through research, innovation and information sharing. The assessment according to leadership criteria should only be undertaken by facilities having reached the Advanced level.

WHO Hand Hygiene Self-Assessment Framework Global Survey 2015

Explaining the HHSAF

- The maximum overall score is 500 points
- **Inadequate** (overall score 0-125): Significant improvement required
- **Basic** (overall score 126-250): Further improvement is required
- **Intermediate** (overall score 251-375): Crucial to develop long-term plans to ensure sustained improvement and progress
- **Advanced** (overall score 376-500): hand hygiene promotion and optimal hand hygiene practices have been sustained and/or improved, thus helping to embed a culture of quality and safety around hand hygiene promotion in the health care setting

www.tinyurl.com/HHSAFsurvey



http://www.who.int/gpsc/5may/hhsa_framework-2015/en/

www.tinyurl.com/HHSAFsurvey

Choose one answer	Available facility-wide with continuous supply (both facility-wide and intensive) present	10	
1.2 What is the sink:bed ratio?	Less than 1:10	0	→ Ward Infrastructure Survey → Guide to Implementation 3.1
Choose one answer	At least 1:10 in most wards	5	
	At least 1:10 facility-wide and 1:1 in isolation rooms and in intensive care units.	10	
1.3 Is there a continuous supply of clean, running water?	No	0	→ Ward Infrastructure Survey → Guide to Implementation 3.1
	Yes	10	
1.4 Is soap available at each sink?	No	0	→ Ward Infrastructure Survey → Guide to Implementation 3.1
	Yes	10	



http://www.who.int/gpsc/5may/hhsa_framework-2015/en/

www.tinyurl.com/HHSAFsurvey

Choose one answer	Answer	Score	Reference
1.2 What is the sink:bed ratio? Choose one answer	Less than 1:10	0	- Ward Infrastructure Survey - Guide to Implementation 6.7
	At least 1:10 in most wards	5	
	At least 1:10 facility-wide and 1:1 in isolation rooms and in intensive care units	10	
1.3 Is there a continuous supply of clean, running water?	No	0	- Ward Infrastructure Survey - Guide to Implementation 6.7
	Yes	10	
1.4 Is soap available at each sink?	No	0	- Ward Infrastructure Survey - Guide to Implementation 6.7
	Yes	10	



WHO Hand Hygiene Self-Assessment Framework Global Survey 2015

www.tinyurl.com/HHSAFsurvey

3.5 Feedback			→ Guide to Implementation 3.5 → Observation and Basic Compliance Calculation Form → Data Summary Report Framework → Guide to Implementation 3.5
3.5a Immediate feedback Is immediate feedback given to health-care workers at the end of each hand hygiene compliance observation session?	No	0	
	Yes	5	
3.5b Systematic feedback Is regular (at least 6 monthly) feedback of data related to hand hygiene indicators with demonstration of trends over time given to:			
3.5b.i Health-care workers?	No	0	
	Yes	7.5	
3.5b.ii Facility leadership?	No	0	
	Yes	7.5	
Evaluation and Feedback subtotal		55 /100	



WHO Hand Hygiene Self-Assessment Framework Global Survey 2015

www.tinyurl.com/HHSAFsurvey

1. Add up your points.

Component	Subtotal
1. System Change	60
2. Education and Training	35
3. Evaluation and Feedback	55
4. Reminders in the Workplace	70
5. Institutional Safety Climate	
Total	

↓

Total Score (out of 200)	Hand Hygiene Level



http://www.who.int/gpsc/5may/hhsa_framework-2015/en/

WHO survey 2015 – Results

- Overall mean score: *intermediate*
- Majority of facilities were *intermediate* or *advanced* (87%)
- High proportion qualified for leadership level (79%)
- Lowest scores concerned evaluation and feedback and institutional patient safety climate
- Lowest mean score: African region (280.9 ± 127.3) from 60 facilities
- Highest mean score: South East Asian region (420.6 ± 77.6) from 231 facilities

Find the full report: http://www.who.int/gpsc/5may/EN_PSP_GPSC1_5May_2016/en/

Many people to thank – some featured on WHO campaign web pages – THANK YOU!

Sign up for WHO updates

Campaigning countries

Information centres

News and events

- Association for Professionals in Infection Control and Epidemiology
- Associação Paulista de Epidemiologia e Controle de Infecção Relacionada à Assistência à Saúde
- Canadian Patient Safety Institute
- Centre for Health Protection, Department of Health Hong Kong
- Centers for Disease Control and Prevention (CDC)
- Copper Queen Community Hospital (AZ - USA)
- Drug And Medical Supply Information Center, Ministry of Public Health Thailand
- Gaelic Health Improvement Network (HI-Net)
- Health Protection Scotland (NHS National Services Scotland)
- Health Canada
- Healthcare Infection Society
- Hong Kong Infection Control Nurses' Association
- Infection Control Africa Network
- Infection Control Society of Taiwan
- Infection Prevention and Control Canada (IPAC)
- Infection Prevention Society (UK and Ireland)
- Institute for Healthcare Improvement (IHI)
- Interburns International, Welsh Centre for Burns & Plastic Surgery
- International Alliance of Patients' Organizations (IAPCO)
- International Federation of Infection Control
- International Resource for Infection Control
- Le réseau CClin - Arin, France
- Liverpool Community Health NHS Trust
- MRSA Survivors Network
- National Hand Hygiene Campaign Argentina
- National Hand Hygiene Campaign Australia
- National Health Information Center, Office of Disease Prevention and Health Promotion, US
- Royal Rehab, The Rehabilitation & Disability Support Network (Australia)
- Staffordshire and Stoke on Trent Partnership NHS Trust
- The Joint Commission
- Tropical Health & Education Trust (THET)
- University of San Francisco Medical Center
- UK and international Awareness Days
- Your Health Link - Mid North Coast Local Health District (MNCUHD) (Australia)

*Facilities awarded
with the
Hand Hygiene
Excellence Award
in South-East Asia
and
Western Pacific,
in Europe,
and in Latin
America*



WHO Hand Hygiene
Self-assessment
Framework

www.handhygieneexcellenceaward.com

Adapt to Adopt



www.tinyurl.com/AdaptToAdopt



THIERRY CROUZET
**CLEAN HANDS
SAVE LIVES**

FOREWORD

Dr. Margaret Chan

WHO Director-General

Sir Liam Donaldson

WHO Patient Safety

Envoy

CleanHandsSaveLives.org

L'ÂGE
D'HOMME

CARING HANDS KILLING HANDS

"...16 MILLION
DEATHS
EACH YEAR,
A GLOBAL
CHALLENGE..."

ORFÈ BODIER FOTOTE

CLEAN HANDS

A FILM DIRECTED BY GÉRALDINE ANDRÉ AND STÉPHANE SANTIINI

YANN AJOUQUIN • LAURENT DETHES • BODIER FREDEREAUX • LAURÉNE HARATYK
ALEXANDRA PILLET • PHILIPPE SANTIINI • LAURY THEVENET • QUENTIN ROBERT • ANTHONY ZANTA
CO-PRODUCTION: AFTERMEDIA - 2322 PRODUCTIONS - STÉPHANE SANTIINI / GEM

OFFICIAL SELECTION

INTERNATIONAL FILM FESTIVAL AND FORUM ON HUMAN RIGHTS - GENEVA 2016

5TH DEAUVILLE GREEN AWARDS

WITH THE SUPPORT OF THE FONDATION PHILANTHROPIA

Teaser

www.tinyurl.com/CleanHandsEngl

Outline

- Global burden of disease in surgery
- The patient's journey in surgery
- SAVE LIVES: Clean Your Hands 5 May campaign global reach #safesurgicalhands
- WHO Infection Prevention and Control Global Unit overview
- New WHO guidelines on SSI prevention outline

WHO Infection Prevention and Control
Global Unit



WHO IPC Global Unit

VISION & MISSION

VISION

Protecting patient and health worker lives across the world through excellence in infection prevention and control

MISSION

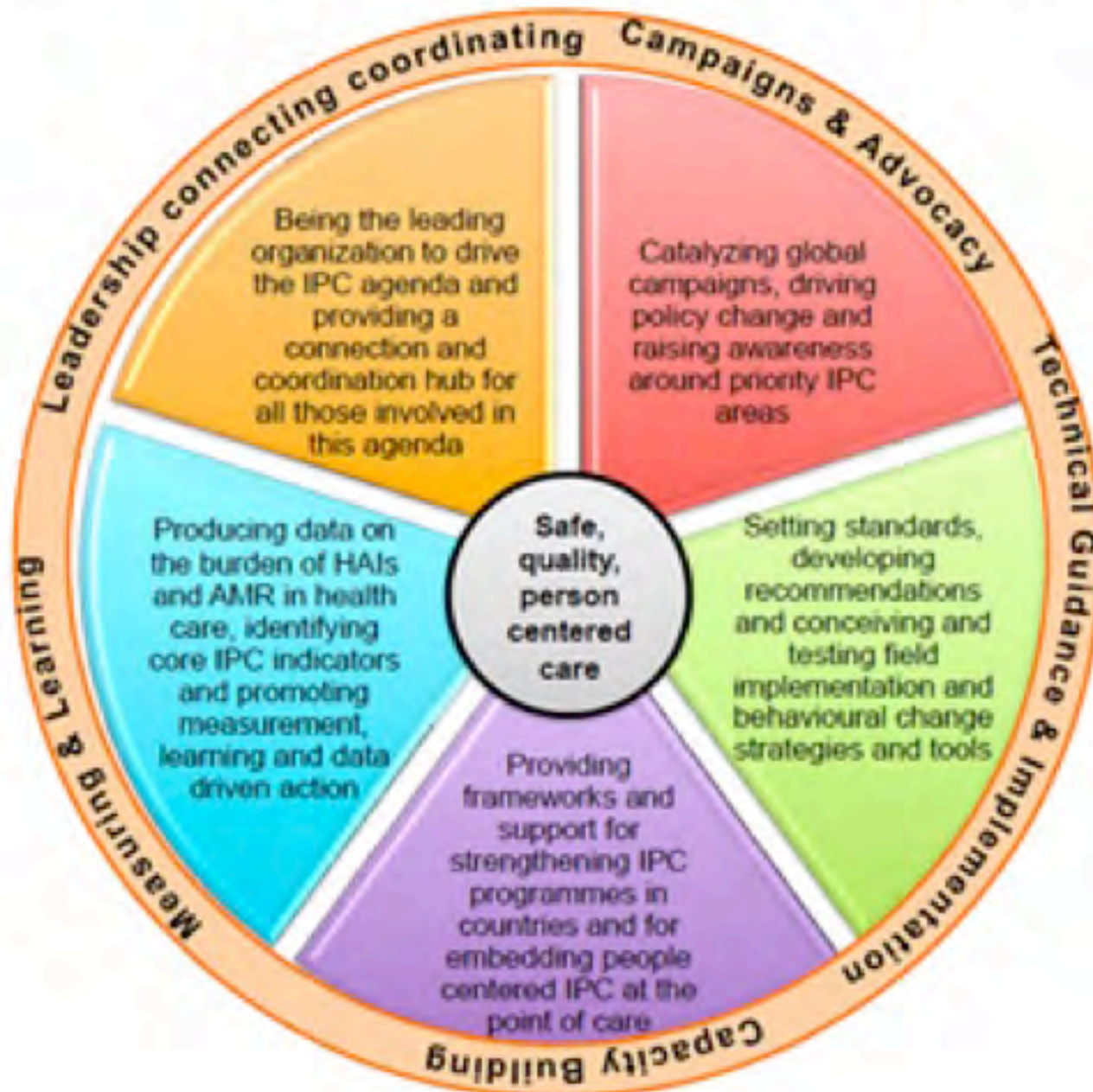
WHO IPC Global Unit will drive IPC to the top of the agenda in all countries by providing innovative, effective technical guidelines and strong coordination with the goal of reducing infections and antimicrobial resistance in health care and revolutionizing the way IPC is applied

Infection Prevention and Control

- IPC occupies a unique position in the field of patient safety and health system strengthening since it is universally relevant to the protection of health workers and patients, at every single health-care encounter.
- Strengthened IPC capacity will contribute to:
 - **AMR global & national action plans**
 - **Preparedness and response to outbreaks**, incl. by emerging resistant pathogens
 - Implementation of the **post-Ebola country capacity building plans**
 - Implementation of the **International Health Regulations**
 - Achievement of **quality universal health coverage**
 - Improvement of **patient and health worker safety**
 - Implementation of **strategic goal 5** of the new WHO **Global Strategy on integrated people-centered health services**

IPC Global Unit – FUNCTIONS

139



IPC Global Unit – OBJECTIVES (1)

1. Provide **leadership** through **advocating** for reductions in HAIs and **raising awareness** among policy makers, health workers, patients, the public, and other relevant stakeholders.
2. Develop **technical guidance and standards** and related **multimodal implementation strategies** catalyzing behavior change among health workers and targeting different stakeholders and audiences including patients.
3. Strengthen **IPC at the point of care** by embedding IPC in clinical practice and focusing on clinical procedures at high risk for microbial transmission and HAIs (e.g. hand hygiene, surgery and the use of invasive devices).

IPC Global Unit – OBJECTIVES (2)

4. Strengthen the **integration between patient safety and IPC** with a people-centered perspective.
5. Develop frameworks for **IPC capacity building** in countries including template action plans and Core Components of IPC programmes, and support to Member States in their implementation.
6. Provide technical expert support to other programmes within WHO and the United Nations family, coordinating integration of IPC efforts across the organization and performing as the **WHO IPC hub**.
7. Strengthen **monitoring and evaluation** to inform and maximize global learning.

Working across the 3 levels of WHO & with MS and partners¹⁴²



IPC Global Unit

TECHNICAL AREAS OF WORK 2015-17

- Hand hygiene
- Burden of health care-associated infections (HAIs)
- Prevention of surgical site infections
- Injection Safety
- IPC to combat AMR
- Ebola Response and Recovery
- IPC country capacity building
- Prevention of sepsis and catheter-associated bloodstream infections
- Prevention of catheter-associated urinary tract infections

Global Action Plans & National Action Plans

Global strategic objectives

Examples of key actions for national action plans

1. Improve awareness and understanding of AMR

- Risk communication
- Education

2. Strengthen knowledge through surveillance and research

- National AMR surveillance system
- Laboratory capacities
- Research and development

3. Reduce the incidence of infection through effective sanitation, hygiene and infection prevention measures

- IPC in health care (incl. liaison with WASH)
- Community level prevention (incl. liaison with WASH)
- Animal health

4. Optimize the use of antimicrobial medicines

- Access to qualified antimicrobial medicines
- Animal health

5. Ensure sustainable investment in countering antimicrobial resistance

- Measuring the burden of AMR
- Assessing investment needs
- Establishing procedures for participation

Outline

- Global burden of disease in surgery
- The patient's journey in surgery
- SAVE LIVES: Clean Your Hands 5 May campaign global reach #safesurgicalhands
- WHO Infection Prevention and Control Global Unit overview
- **New WHO guidelines on SSI prevention outline**

SSI prevention is complex...

**Surgical Hand
Preparation**

**SKIN ANTISEPTIC
PREPARATION**

Bathing

**RISK FACTORS
CONTROL**

**Antibiotic
Prophylaxis**

**Glucose
Control**

Normovolemia

Asepsis

STERILIZATION

No hair removal

Surveillance



DRAPES **Volume**

Oxygen therapy

SSI Prevention Guidelines – WHO perspectives

- Need for updated, evidence-based guidelines
- Lessons learned from the WHO HH guidelines: need for **global** approach
- Valid for any country, but including specific perspectives depending on resources available
- Strong component on **implementation strategies and surveillance**
- Associated **implementation tools**
- Lessons learned from use of WHO checklist and other interventions



WHO SSI Prevention Guidelines

- **30** systematic reviews & meta-analysis
- **26** recommendations
- **29** chapters

Key updates on:

- Timing & duration of surgical ATB prophylaxis
- ATB use with drains
- *S. aureus* carriers' decolonization
- Glucose control
- Normovolemia
- Oxygenation
- Wound irrigation
- Antimicrobial sutures

& A LOT MORE....

Abstracts presented at 26th ECCMID, Amsterdam 2016

« Let's enjoy the privilege
to work as a team... »





Follow and like

@didierpittet

@WHO

www.who.int/gpsc/5may

www.cleanhandssaveslives.org



#safeHANDS

#SafeSurgicalHands

CleanHandsSaveLives.org

2001-2016
15
YEARS

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