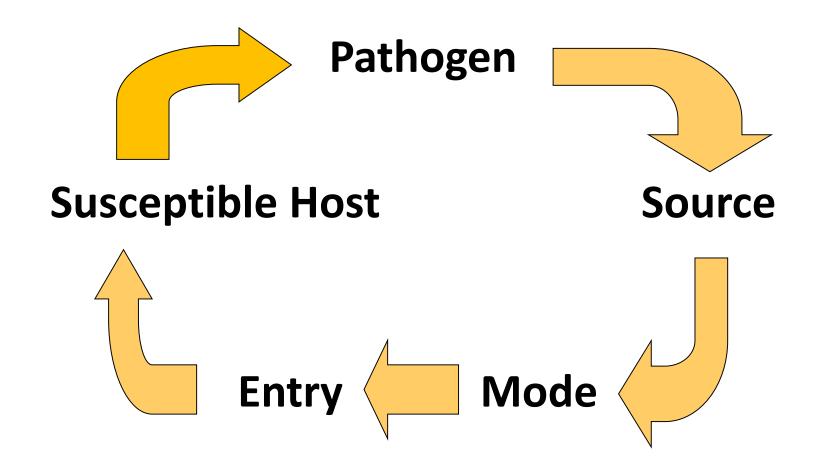
Infection Control In Healthcare Settings

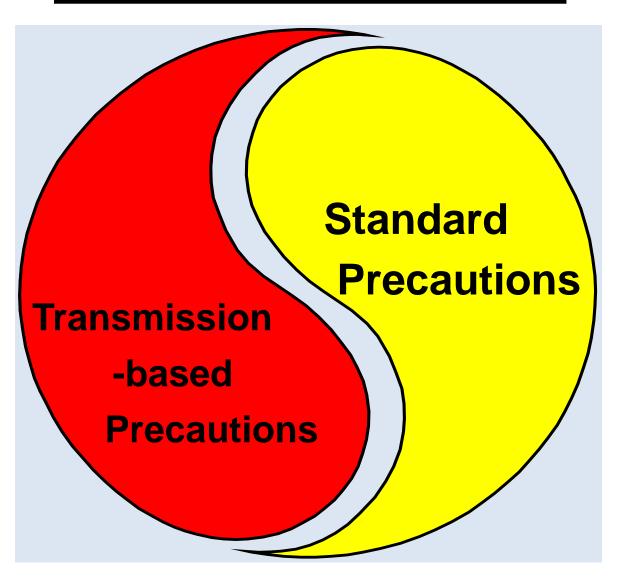
Standard Precautions: Hand Hygiene



Chain of Infection



Isolation Precautions



Hand Hygiene



Introduction

 Hands are the most common mode of pathogen transmission

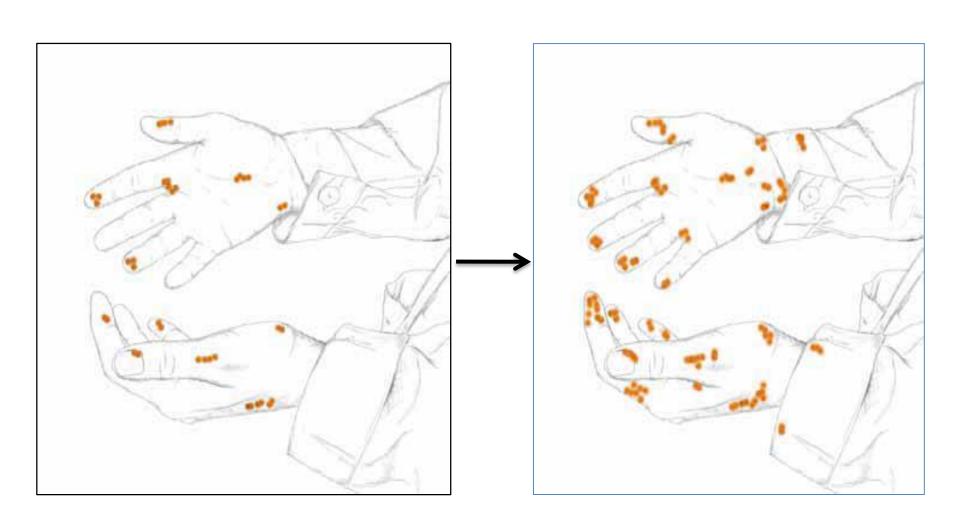


Why Is Hand Hygiene Important?

Hand hygiene
 is the most important measure
 in preventing
 the spread of infection



Organism Survival on HCWs' Hands



Why Is Hand Hygiene Important?

- Reduce spread of antimicrobial resistance
- Prevent health care-associated infections

Persistence of Clinically Relevant Bacteria on Surfaces

Type of bacterium	Duration of persistence
Acinetobacter spp	3days to 5 months
Enterococcuc spp.including VRE	5days-4 months
Pseudomonas aeruginosa	6hours-16 months
Staphyloccus aureus, including MRSA	7 days—7 months

IPC - H.H

Effective IPC measures could reduce health care-associated infections as much as by 55%.

Newborn survival rates could potentially increase by 44% when hand washing and clean birthing kits are in place.

H.H & IPC Core Components



Hand hygiene at the heart of the core components for effective IPC programs.



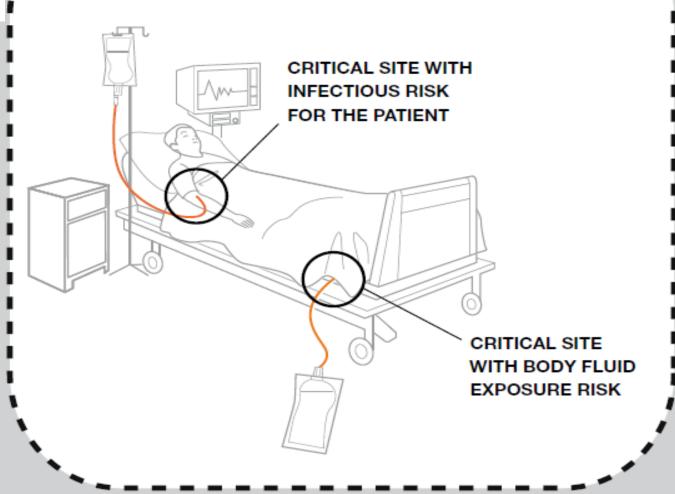
Question 1

When do you wash/rub your hands?

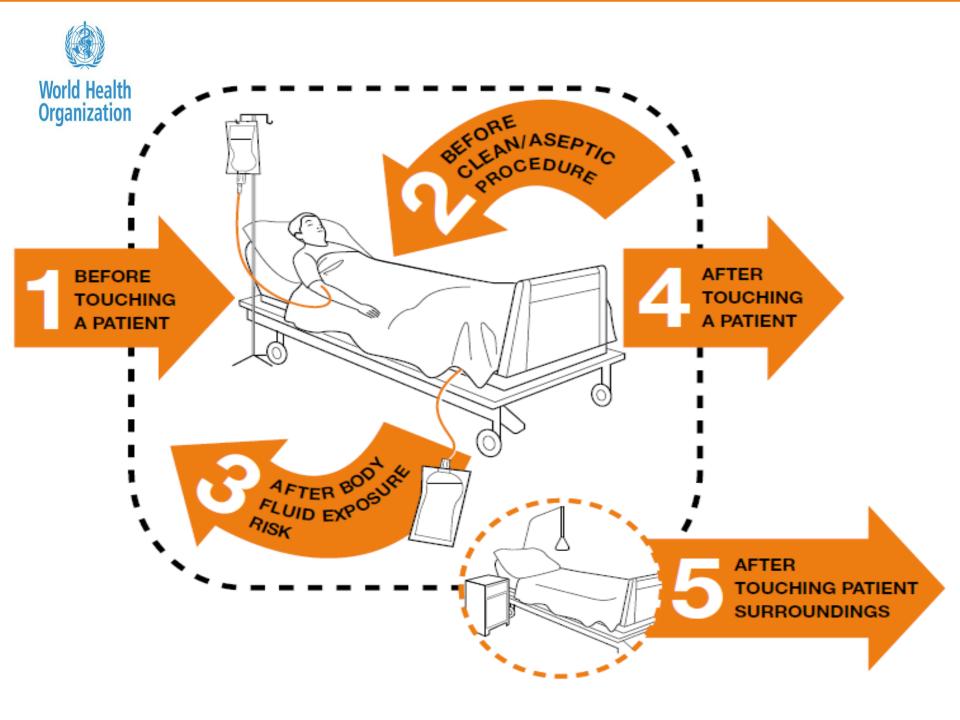




PATIENT ZONE



HEALTH-CARE AREA



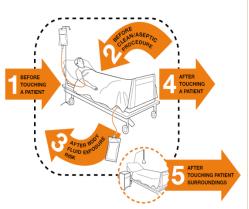
<u>Patient</u>

 Refers to any part of the patient, their clothes, or any medical device that is connected to the patient

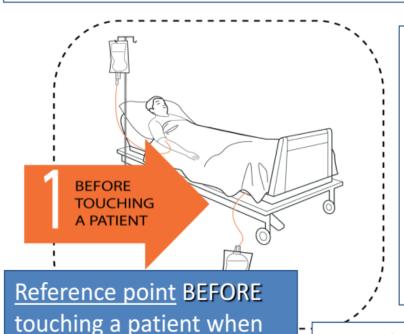


Five Moments for Hand Hygiene

- Before touching a patient
- Before clean/ aseptic procedure
- After body fluid exposure risk
- After touching a patient
- After touching patient surroundings



This indication is determined by the occurrence of the last contact with the health-care area and the next contact with the patient.



approaching her/him

Situations illustrating the contact:

- shaking hand
- taking pulse, blood pressure
- chest auscultation
- abdominal palpation
- helping to move around

Since the HCW has not left the patient zone and on condition of no other indication for HH, further contact with patient's skin, clothes and surroundings do not requires any furthermore hand hygiene action

When:	Examples:
Touching a patient in any way	Shaking hands, Assisting a patient to move, most Allied health interventions, Touching any medical device connected to the patient (e.g. IV pump, IDC)
Any personal care activities	Bathing, Dressing, Brushing hair, Putting on personal aids e.g. Glasses
Any non-invasive observations	Taking a pulse, Blood pressure, Oxygen saturation, Temperature, Chest auscultation, Abdominal palpation, Applying ECG electrodes, CTG
Any non-invasive treatment	Applying an oxygen mask or nasal cannula, Fitting slings/braces, Application of incontinence aids (including condom drainage)

When:	Examples:
Preparation and administration of oral medications	Oral medications, Nebulised medications
Oral care and feeding	Feeding a patient, Brushing teeth or dentures

This indication is determined by the occurrence of the last contact with any surface in the health-care area or in the patient zone, and any procedure involving any direct and indirect contact with mucous membranes, non-intact skin or an invasive medical device.

Situations associated with an aseptic task:

- drawing blood sample
- opening a vascular line
- endotracheal suctionning
- oro-dental care
- rectal examination
- eye drop instillation
- wound dressing
- preparing food, medication



Reference point:
IMMEDIATELY BEFORE
a contact with a critical site with infectious risk for the patient

When:	Examples:
Insertion of a needle into a patient's skin, or into an invasive medical device	Venipuncture, Blood glucose level, Arterial blood gas, Subcutaneous or Intramuscular injections, IV flush
Preparation and administration of any medications given via an invasive medical device, or preparation of a sterile field	IV medication, NGT feeds, PEG feeds, Baby tube feeds, Dressing trolley
Administration of medications where there is direct contact with mucous membranes	Eye drop installation, Suppository insertion, Vaginal pessary

When:	Examples:
Insertion of, or disruption to, the circuit of an invasive medical device	Procedures involving the following: ETT, Tracheostomy, Nasopharyngeal airways, Suctioning of airways, Urinary catheter, Colostomy/ileostomy, Vascular access systems, Invasive monitoring devices, Wound drains, PEG tube, NGT, Secretion aspiration
Any assessment, treatment and patient care where contact is made with non-intact skin or mucous membranes	Wound dressings, Burns dressings, Surgical procedures, Digital rectal examination, Invasive obstetric and gynaecological examinations and procedures, Digital assessment of

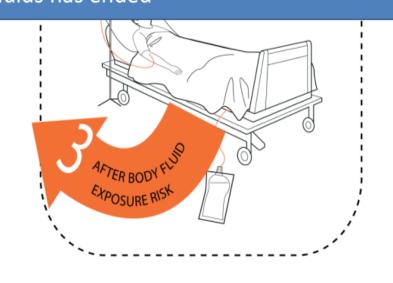
newborns palate

This indication is determined by the occurrence of contact (even if minimal and not clearly visible) with blood or another body fluid and the next contact with any surface, including the patient, the patient surroundings or the health-care area

Situations associated to a potential or effective exposure to a body fluid :

- drawing blood sample
- oro-dental care
- vaginal examination
- removing a wound dress
- manipulating fluid sample
- clearing excreta
- cleaning soiled material and areas xxx⁹

Reference point:
IMMEDIATELY AFTER
the task involving exposure risk to body
fluids has ended



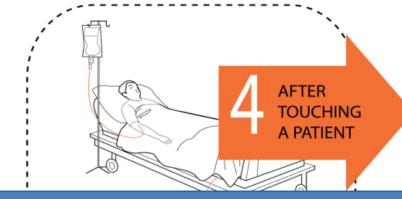
- Actual or potential contact with:
 - Blood, Lochia
 - Saliva or tears
 - Mucous, wax, or pus
 - Breast milk, Colostrum
 - Vomitus
 - Urine, faeces, semen, or meconium
 - Pleural fluid, ascitic fluid or CSF
 - Tissue samples, including biopsy specimens, organs, bone marrow, cell samples

This indication is determined by the occurrence of the last contact with intact skin or the patient's clothing or a surface in the patient's surroundings (following contact with the patient), and the next contact with a surface in the health-care area

Situations illustrating the contact:

- shaking hand
- taking pulse, blood pressure
- chest auscultation
- abdominal palpation
- helping to move around

Situations containing the indication "before touching a patient contact" will contain the indication "after touching a patient" necessarily



Reference point:

AFTER

having touched the patient, when leaving the patient's side

The indication occurs between the last contact with the patient surroundings, without having touch the patient, and any contact with a surface in healthcare environement without having touched the patient

Situations illustrating the limited contact with inanimates:

- ajusting perfusion speed
- clearing monitoring alarm
- changing bed linen
- holding a bed rail
- clearing the bedside table

Reference point:

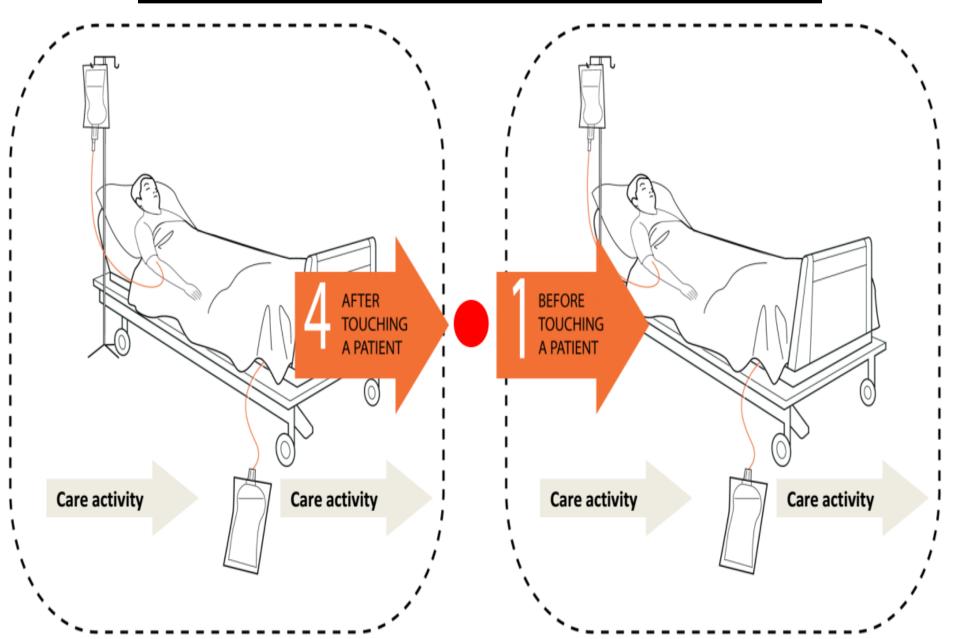
<u>AFTER</u>

touching any object or furniture when leaving the patient surroundings



When:	Examples:
After touching the patient's immediate surroundings when the patient has not been touched	Patient surroundings include: Bed, Bedrails, Linen, Table, Bedside chart, Bedside locker, Call bell/TV remote control, Light switches, Personal belongings, Chair, Foot stool, Monkey bar

Coincidence of Two Indications



Compliance With Hand Hygiene

 There is no indication 'Before Patient Environment'.

Hands Need to be Cleaned When

- Visibly dirty
- After touching contaminated objects with bare hands
- Before and after patient treatment (before glove placement and after glove removal)



Question 2

HCWs ask you:
"When they wear gloves,
is it necessary
to wash their hands?"

Hand Hygiene is Necessary

1. Before patient treatment

2. After patient treatment



Hand Hygiene

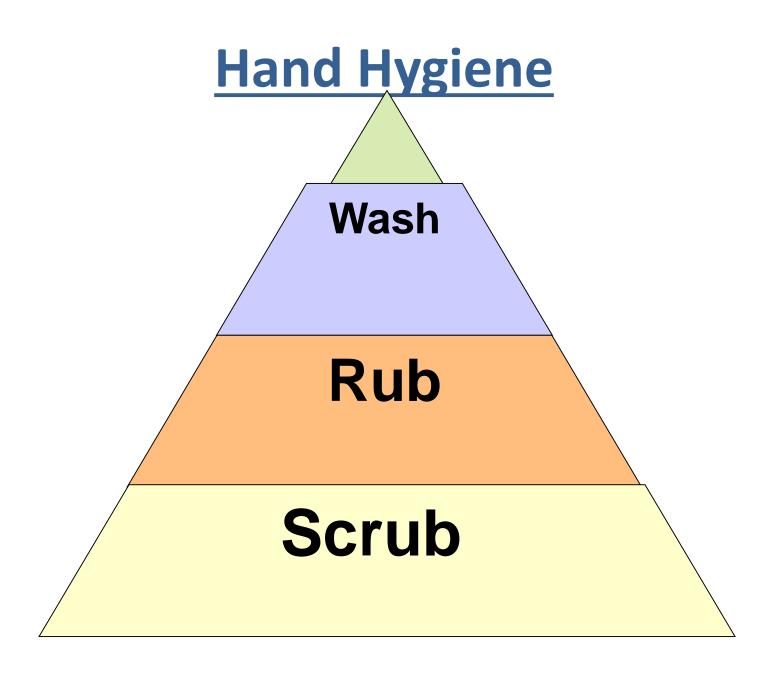
1. Before glove placement

2. After glove removal



Sterile or non-sterile gloves





Hand Hygiene Definitions

Handwashing

Washing hands with plain soap and water

Antiseptic handwash

 Washing hands with water and soap or other detergents containing an antiseptic agent

Hand Hygiene Definitions

- Alcohol-based handrub
 - Rubbing hands with an alcoholcontaining preparation
 - Rub hands until the agent is dry

Surgical antisepsis

Preparations Used for Hand Hygiene

Plain Soap Water OR **Medicated Soap**











Efficacy of Preparations in Reduction of Bacteria

Good Better Best

Plain Soap Antimicrobial soap Alcohol-based handrub

Source: http://www.cdc.gov/handhygiene/materials.htm

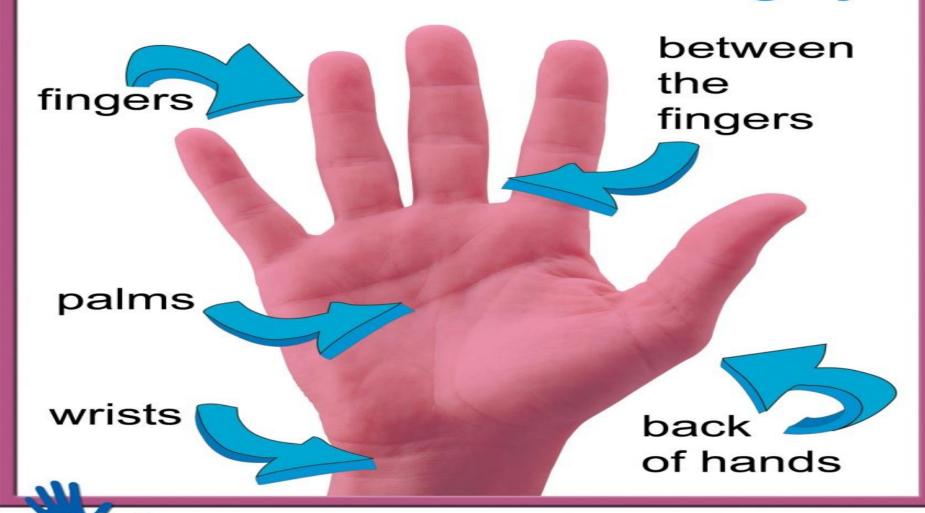
MISSED SPOTS WHEN HAND-WASHING



- MOST FREQUENTLY MISSED
- LESS FREQUENTLY MISSED
- NOT MISSED

WHERE TO WASH

Wash all surfaces thoroughly





Hand Hygiene Technique with Soap and Water

Duration of the entire procedure: 40-60 seconds



Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



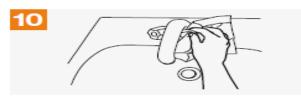
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.

CLEAN YOUR HANDS



Back of fingers to opposing palm, with fingers interlocked.

Use paper towel to turn off faucet.

Hand Rub

Question 3

Which antiseptic is better for hand rub?





Pocket Bottle





Hand Antiseptics

Alcohols

Chlorhexidine

Hexachlorophene

lodine and iodophors

Quaternary ammonium compounds

Triclosan

Activity of Antiseptics

Antiseptics	Gr + bacteria	Gr - bacteria	Virus enveloped	Virus Non- enveloped	M.B	Fungi	Spore
Alcohol	+++	+++	+++	++	+++	+++	-
Chlorhexidine	+++	++	++	+	+	+	-
Iodophors	+++	+++	++	++	++	++	-/+
QACs	++	+	+	?	-/+	-/+	-
Chloroxylenol	+++	+	+	-/+	+	+	-
Triclosan	+++	++	?	?	-/+	-/+	-
Hexa- chlorophene	+++	+	?	?	+	+	-

Properties of Antiseptics

Antiseptics	Typical conc. %	Speed of action	Residual activity
Alcohols	60-70 %	Fast	No
Chloroxylenol	0.5-4 %	Slow	Contradictory
Chlorhexidine	0.5-4%	Intermediate	Yes
Hexachlorophene	3%	Slow	Yes
Iodophors	0.5-10 %	Intermediate	Contradictory
Triclosan	0.1-2%	Intermediate	Yes
Quaternary ammonium compounds		Slow	No

Preparations Used for Hand Hygiene

Alcohol-based hand rub

<u>Alcohols</u>

- Ethanol
- Isopropanol
- N-propanol
- A combination of two of these products

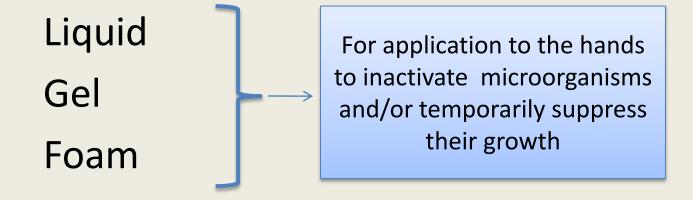
<u>Alcohols</u>

In general, ethanol has greater activity against viruses than isopropanol

Ethanol Ethanol Isopropanol

Alcohol-based (hand) Rub

An alcohol-containing preparation:



Question 4

For 5 moments of hand hygiene, which one is better?

> Hand washing?

→ Hand rubbing?

Alcohol-based Preparations

Benefits

- Rapid and effective antimicrobial action
- Improved skin condition
- More accessible than sinks

Limitations

- Cannot be used if hands are visibly soiled
- Store away from high temperatures or flames
 - Hand softeners and glove powders may "build-up"



Indications For Hand Wash

- Wash hands with soap and water:
 - When visibly dirty or visibly soiled with blood or other body fluids
 - After using the toilet



<u>Alcohols</u>

Not good cleansing agents

- Not recommended when:
 - Hands are dirty or
 - Visibly contaminated with proteinaceous materials

<u>Alcohols</u>

- Virtually no activity against:
 - bacterial spores
 - protozoan oocysts

- Very poor activity against:
 - some non-enveloped(non-lipophilic) viruses

Question 5

 A patient in ICU has developed antibiotic-associated colitis with C. difficile.
 To prevent the spread of infection, what kind of hand hygiene do you recommend?
 Wash or rub or both?

Indications for Hand Hygiene

If exposure to potential spore-forming pathogens is strongly suspected or proven, including outbreaks of <u>Clostridium difficile</u>, hand washing with soap and water is the preferred means

Hand Hygiene Technique with Alcohol-Based Formulation

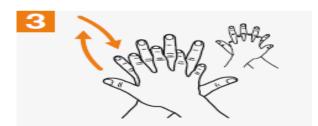
Duration of the entire procedure: 20-30 seconds



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



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



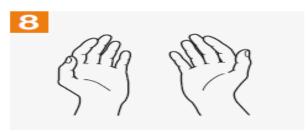
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.

Hand Hygiene

Hand Wash

Hand Hygiene Technique with Soap and Water

Duration of the entire procedure: 40-60 seconds



Wet hands with water:



Apply enough soap to cover all hand surfaces:



Rub hands palm to palm:



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Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;





Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.

Hand Rub

Hand Hygiene Technique with Alcohol-Based Formulation

Duration of the entire procedure: 20-30 seconds





Rub hands palm to palm;

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Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.

Question 6

 For skin care of HCWs, which preparation is better, petroleum or lotion?

Special Hand Hygiene Considerations

Keep fingernails short

Avoid artificial nails

Avoid hand jewelry that may tear gloves



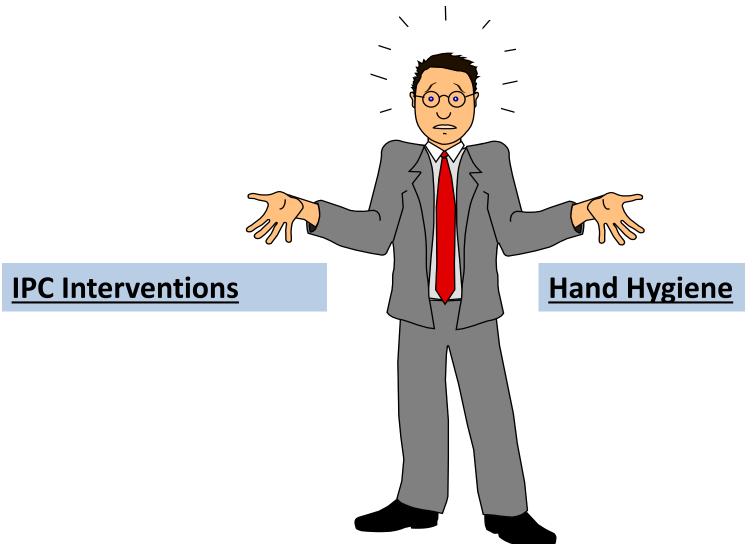
SAVE LIVES CLEAN YOUR HANDS



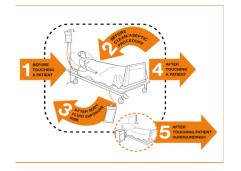
UNITE FOR SAFETY CLEAN — YOUR — HANDS

#HandHygiene

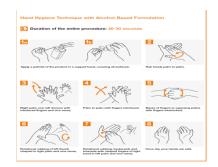
What to Do To Improve Hand hygiene?



IPC Multimodal Strategies,

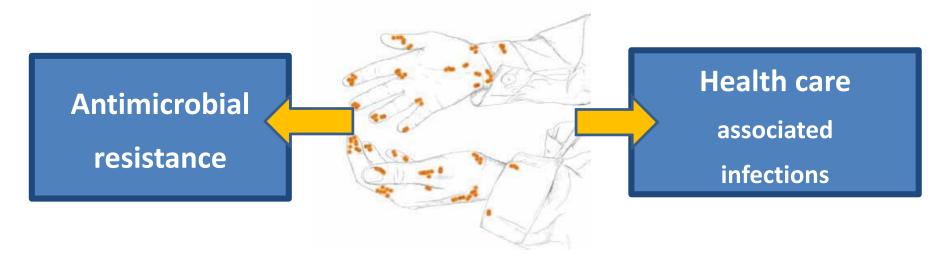


Indicator: Hand Hygiene



Hands

= The most common mode of pathogen transmission



Conclusion

- Clean Care is Safer Care.
- Wash your hands.
- Rub your hand.



Hand Hygiene

Hands are the most common mode of pathogen transmission

