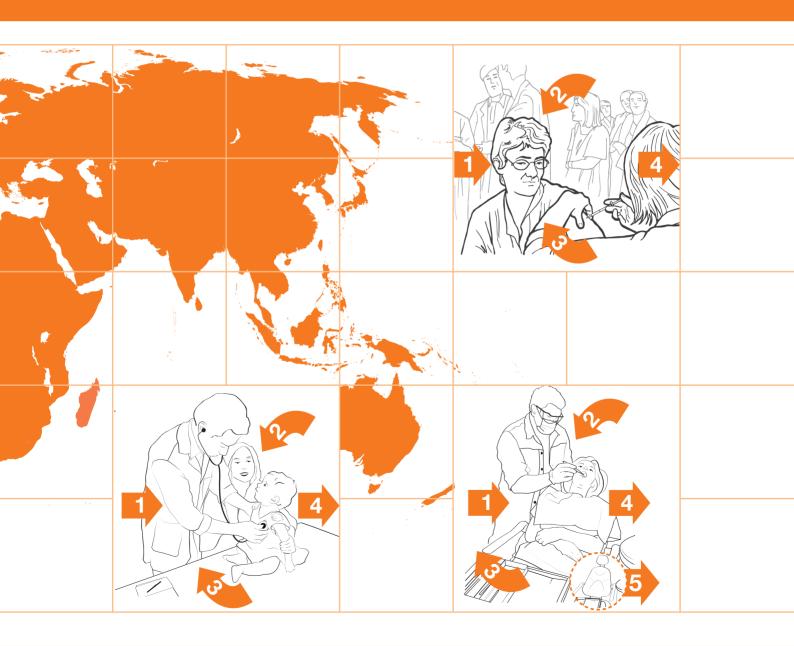


Hand Hygiene in Outpatient and Home-based Care and Long-term Care Facilities

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: 1) a conceptual part aimed at providing the background evidence and the theoretical principles related to the "My five moments for hand hygiene" approach and the WHO Multimodal Hand Hygiene Improvement Strategy, with adaptation to the reality of outpatient care settings; 2) a practical part with examples of the application of hand hygiene principles in situations occurring frequently in outpatient care settings. These practical examples are provided to help the reader to understand the need for hand hygiene in daily practice and to progressively adopt this approach during health-care delivery in real life situations. Infection control leaders at the national level and professionals at the facility level should facilitate the understanding and the adoption of these concepts by front-line health-care workers (HCWs). This includes estimating risks, establishing priorities and taking into

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.