

Clean Care is Safer Care

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Save Lives: Clean Your Hands

About

Tools and resources

Share your knowledge and practice

The evidence for clean hands

Campaigning countries

Information centre

News and events

SAVE LIVES: Clean Your Hands - WHO's global annual call to action for health workers



JOIN the Campaign!

Take Action!

Tools & Resources for Cleaner Care

WHO Patient Safety web site

Find out who has signed up to the campaign

Latest WHO campaign and Hand Hygiene news

Hand hygiene in the control of Ebola and health system strengthening

Private Organizations for Patient Safety (POPS) for Hand Hygiene

#safeHANDS promotional video

Each year the WHO **SAVE LIVES: Clean Your Hands** campaign aims to maintain a global profile on the importance of hand hygiene in health care and to 'bring people together' in support of hand hygiene improvement globally.

2016



**SEE YOUR
HANDS**
HAND HYGIENE SUPPORTS
SAFE SURGICAL CARE

The campaign from WHO In English, French, Spanish, Russian, Arabic and Chinese – add your language!

Introduction

- Improving hand hygiene practices in all surgical services throughout the continuum of care, from surgical wards and operating theatres, to outpatient surgical services, is the primary focus of WHO's 5 May 2016 campaign.
- Hand hygiene action is known to be the key measure in preventing health care-associated infection and addressing the particular burden of surgical site infection is a priority.
- The first Global guidelines on surgical site infection prevention will be issued by WHO later in 2016. This work builds on the goals of two previous WHO global patient safety challenges, Clean Care is Safer Care and Safe Surgery Saves Lives.

The problem (1)

- Preventing infections and reducing this avoidable burden on health systems is still critical across the world today, and is part of making sure every health care setting provides safe, quality care within resilient health systems.
- Surgical site infections are a risk for every health care facility and are increasingly considered a major public health problem. This was featured in a WHO report (2011).

Problem (cont') & some solutions

- Considering the priority of hand hygiene improvement in the broader context, this year's campaign aims to support the water, sanitation and hygiene (WASH) agenda, knowing that 35% of health care facilities still do not have soap and water for hand hygiene, among other things.
- *The WHO Hand Hygiene Improvement Toolkit can help anyone, in any setting to participate in this global campaign.*
- *The Hand Hygiene Self-Assessment Framework can provide a status of health facilities, in relation to IPC and WASH.*

How the 2016 campaign focus supports a solution (1)

- Communications to raise awareness in health care, from clinical settings, to managers, to policy-makers
- Information on a dedicated web page with a 5 May 2016 slogan and image that drives awareness-raising
- An advocacy toolkit including 5 May 2016 promotional posters and a 'how-to-guide'
- A new infographic featuring key messages on surgical site infections and their prevention
- A new educational poster focused on hand hygiene in relation to surgical care (within a package of hand hygiene action following the WHO 5 Moments advice, particularly when patient interventions take place)

My 5 Moments for Hand Hygiene

Focus on caring for a patient with an endotracheal tube

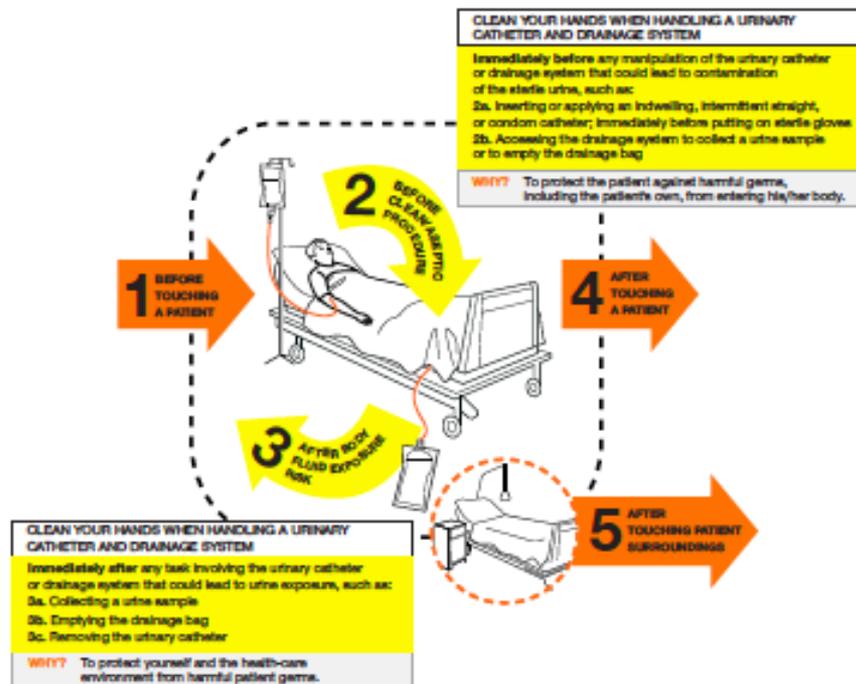


Key additional considerations for adult patients with endotracheal tubes

- 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 turned 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.

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.

My 5 Moments for Hand Hygiene

Focus on caring for a patient with a central venous catheter

Immediately before any manipulation of the catheter and the associated intravenous medication administration system, such as:

- 2a. Catheter insertion (before putting on sterile gloves), catheter removal (before putting on clean, non-sterile gloves), dressing change, drawing blood, or before preparing associated equipment for these procedures
- 2b. Accessing (opening) the administration set and infusion system
- 2c. Preparing medications for infusion into the catheter



Immediately after any task that could involve body fluid exposure, such as:

- 3a. Inserting or removing the catheter
- 3b. Drawing blood from the catheter

Key additional considerations for central intravenous catheters

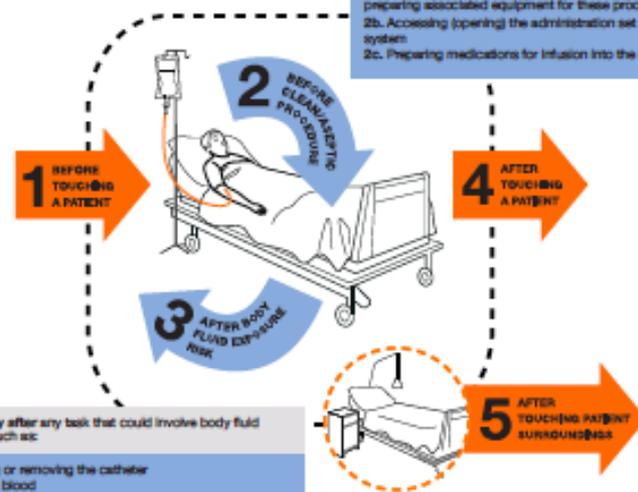
1. **Indication:** Ensure that a central intravenous catheter is indicated. Remove the catheter when no longer needed/clinically indicated.
2. **Insertion/maintenance/removal**
 - 2.1 Avoid inserting catheters into the femoral vein.
 - 2.2 Prepare clean skin with an antiseptic (alcohol-based 2% chlorhexidine-gluconate preferred) before insertion.
 - 2.3 Use full sterile barrier precautions during insertion (cap, surgical mask, sterile gloves, sterile gown, large sterile drape).
 - 2.4 Replace gauze-type dressings every 2 days and transparent dressings every 7 days; replace dressings whenever visibly soiled.
- 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.
- 2.6 Use aseptic procedure (with non-touch technique) for all catheter manipulations.
- 2.7 "Scrub the hub" with alcohol-based chlorhexidine-gluconate for at least 15 seconds.
3. **Monitoring:** Record time and date of catheter insertion, removal and dressing change, and condition (visual appearance) of the catheter skin site every day.

My 5 Moments for Hand Hygiene

Focus on caring for a patient with a peripheral venous catheter

Immediately before any manipulation of the catheter and the associated intravenous medication administration system, such as:

- 2a. Catheter insertion or removal (before putting on clean, non-sterile gloves), dressing change, drawing blood, or before preparing associated equipment for these procedures
- 2b. Accessing (opening) the administration set and infusion system
- 2c. Preparing medications for infusion into the catheter



Immediately after any task that could involve body fluid exposure, such as:

- 3a. Inserting or removing the catheter
- 3b. Drawing blood

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/maintenance/removal**
 - 2.1 Prepare clean skin with an antiseptic (70% alcohol, tincture of iodine, an 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 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.

**COMING NEXT -
MY 5 MOMENTS FOR HAND HYGIENE
FOCUSING ON CARING FOR A PATIENT
WITH A POST-OPERATIVE SURGICAL
WOUND**

How the 2016 campaign focus supports a solution (2)

- A WHO report on the 2015 global Hand Hygiene Self-Assessment Framework survey demonstrates progress in hand hygiene standards across the world
- A report on the global consumer survey on HAI and hand hygiene perceptions – 5 May
- Encouragement of facilities to sign up to the campaign if they have not already done so

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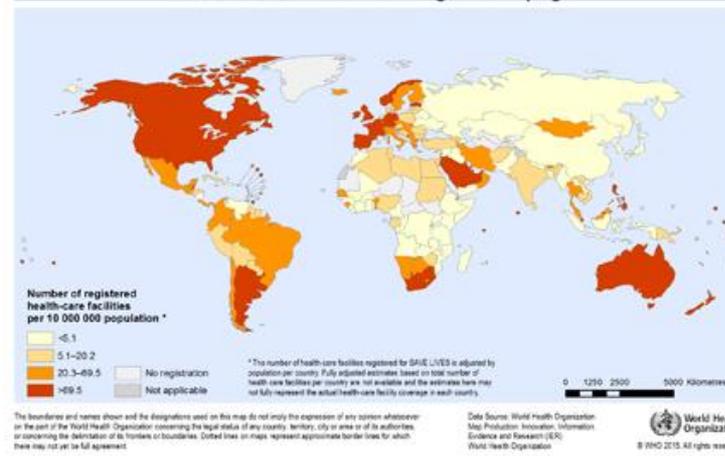
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Countries with health-care facilities registered for SAVE LIVES: Clean Your Hands global campaign



As of 20 November 2015, a total of to 18 365 hospitals and health-care facilities in 174 countries or areas have registered their commitment to hand hygiene as part of the global campaign – SAVE LIVES: Clean Your Hands.

This map of the world helps you see how registrations are progressing and highlights number of health-care facilities registered for SAVE LIVES: Clean Your Hands, adjusted by population per country.

Fully adjusted estimates based on total number of health care facilities per country are not available and the estimates above may not fully represent the actual health-care facility coverage in each country.

Related links

– Registration page

Check for the numbers of campaign registered facilities here

http://www.who.int/gpsc/5may/registration_update/en/

How the 2016 campaign focus supports a solution (3)

- engaging the world

- A free global teleclass by leading expert Professor Didier Pittet on 4 May - “Webber teleclass”
- ‘See your hands, with a surgical colleague’ – have your photograph taken using a WHO board and hashtag for 2016 – poster and “how to guide” explains what to do
- ‘24hr tour’ – how hand hygiene supports safe surgical care – join Professors Benedetta Allegranzi and Didier Pittet along with leading experts from around the world at 6 different times in 6 different regions over 2 & 3 May

What you can do

- Look out for WHO announcements on the latest products and numbers of health care facilities that have signed up to the campaign and continue to promote action!
<http://www.who.int/gpsc/5may/en/index.html>
- Use the WHO products and messages
- Plan your own activities around the WHO campaign theme and post information in newsletters, social media accounts and websites. If people feature the link <http://www.who.int/gpsc/5may/en/> on their own web pages WHO will acknowledge the work by providing a link to theirs site.

Thank you for supporting 5 May!

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

Follow the links at the top of this page to find information in the other official UN languages

