

# Hygiène des mains: défi sans frontières

## Professeur Didier Pittet, Organisation Mondiale de la Santé

### L'émission du teleclass est sponsorisée par GOJO (www.gojo.com)



UNIVERSITÉ DE GENÈVE  
FACULTÉ DE MÉDECINE

WebberTeleclass  
Décembre 2013



HUG  
Hôpitaux Universitaires de Genève

## Hygiène des mains: défi sans frontières

**Professeur Didier Pittet** MD, MS  
Service Prévention et Contrôle de l'Infection  
Centre Collaborateur OMS pour la Sécurité des Patients  
Hôpitaux Universitaires et Faculté de Médecine, Genève  
1<sup>er</sup> Défi Mondial pour la Sécurité des Patients  
Partenariats Africains pour la Sécurité des Soins  
Organisation Mondiale de la Santé

L'émission du téléclassé est sponsorisée par



www.webbertraining.com 18 Décembre 2013

## Hygiène des mains: défi sans frontières

Prof. Didier Pittet

### Objectifs:

1. Décrire les paramètres associés à la promotion efficace des pratiques d'hygiène des mains au cours des soins
2. Adresser les éléments liés au défi de promouvoir un changement universelle des pratiques
3. Définir l'impact de l'amélioration des pratiques
4. Préciser les éléments clefs liés aux notions d'adaptabilité, d'universalité, et de pérennité des pratiques dans le domaine de la prévention des infections

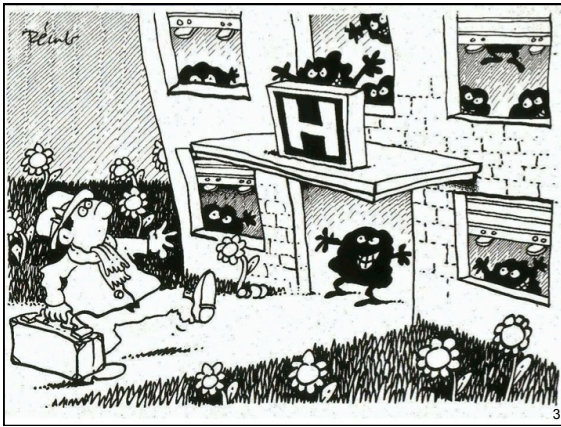


World Health Organization

Patient Safety

SAVE LIVES  
Clean Your Hands

2



3

## Epidémiologie et Impact

### Infections liées aux soins

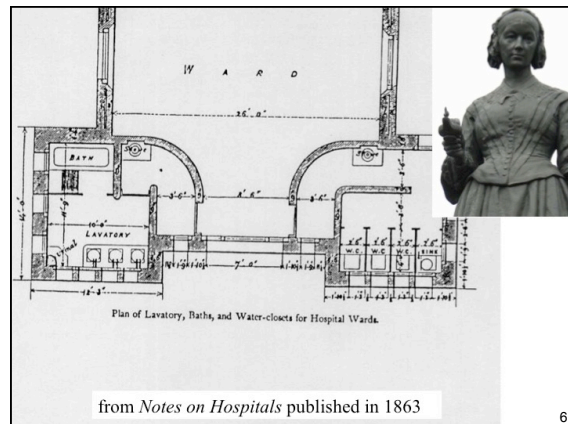
- affectent des centaines de mio de patients chaque année dans le monde
- entraînent des complications supplémentaires
- prolongent la durée des hospitalisations
- sont associées à des coûts humains importants des décès évitables des dépenses additionnelles

4



Florence Nightingale, 1820 - 1907

5

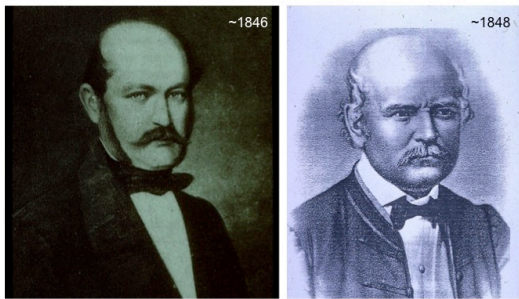


from *Notes on Hospitals* published in 1863

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*Semmelweis avant et après qu'il ait insisté que les médecins et les étudiants en médecine se désinfectent les mains dans la solution de chlorure de chaux entre chaque patient*

Pittet D, Boyce J. *Lancet Infect Dis* 2001;April :9-20 13

**La tragédie de Semmelweis**

- L'action de Semmelweis fût très mal perçue
- Ces collègues refusèrent d'admettre que leurs mains étaient le véhicule de transmission de la maladie; ils refusèrent sa théorie
- Semmelweis perdit son travail et son rang académique, ainsi que son droit à traiter des patientes
- Il quitta Vienne pour Budapest, où il fit les mêmes observations ... mais à nouveau il perdit son poste
- Il fut finalement interné dans un asile pour malades mentaux, où il finit ses jours

Pittet D. *Lancet* 2004, 363:1331

14

*«... il semble que sa découverte dépassa les forces de son génie. Ce fut, peut-être, la cause profonde de tous ses malheurs»*

Louis-Ferdinand Céline

(Médecin et écrivain français)  
Thèse de doctorat «Vie et œuvre de Semmelweis»

Céline C-F. *Semmelweis et autres récits médicaux.*  
France: Gallimard, 1997; 1-268

15



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**Entre**

**1847  
et  
1994**

**Observance < 40%**



17

**HUG**   
Hôpitaux Universitaires de Genève

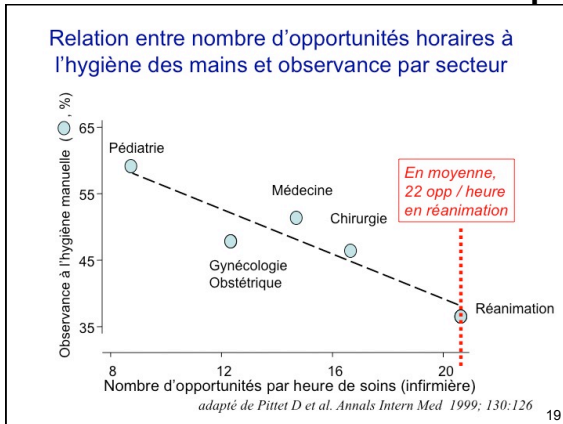
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La contrainte de temps est un obstacle majeur au respect des recommandations

Lavage des mains  
(avec eau et savon antiseptique - ou non)

*1 à 1.5 min*

Friction alcoolique

*15 à 20 sec*

Lavage hygiénique ... une action du passé

**LES MAINS QUI SAVENT, SE LAVENT!**

**Friction hydro-alcoolique: nouveau standard de qualité**

**Friction hydro-alcoolique au lieu de soin**

The University of Geneva Hospitals, 1995

Avant et après contact  
Avant et après port de gants  
Entre site contaminé et propre

**Friction hydro-alcoolique au lieu de soin**

The University of Geneva Hospitals, 1995

**Changer le système**

Avant et après contact  
Avant et après port de gants  
Entre site contaminé et propre

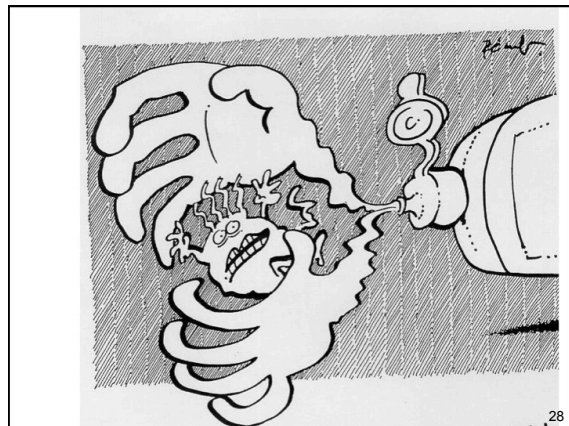
The University of Geneva Hospitals (HUG), 1995

**Education**

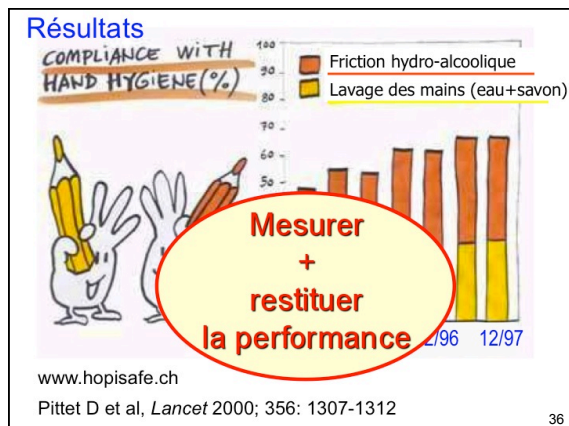
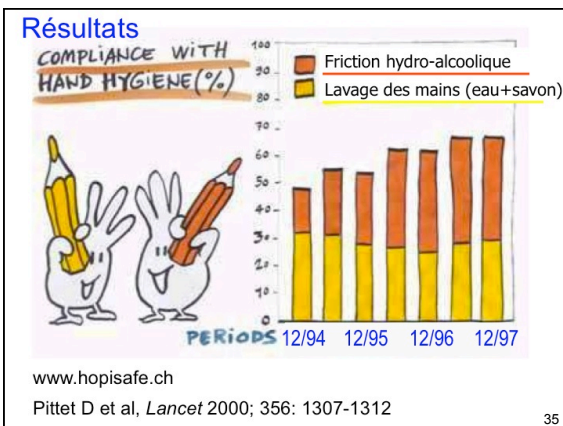
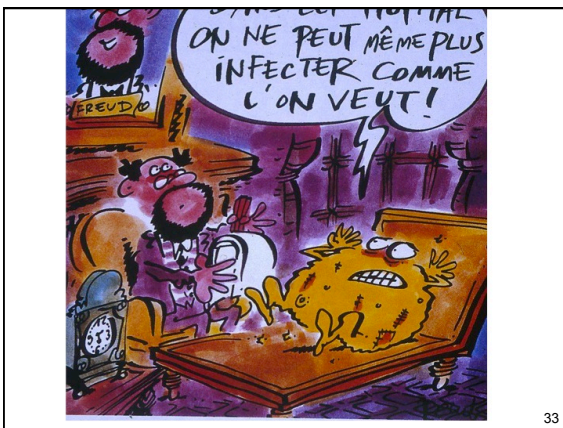
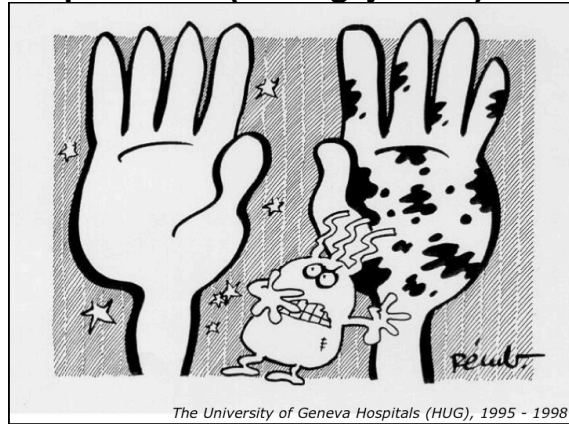
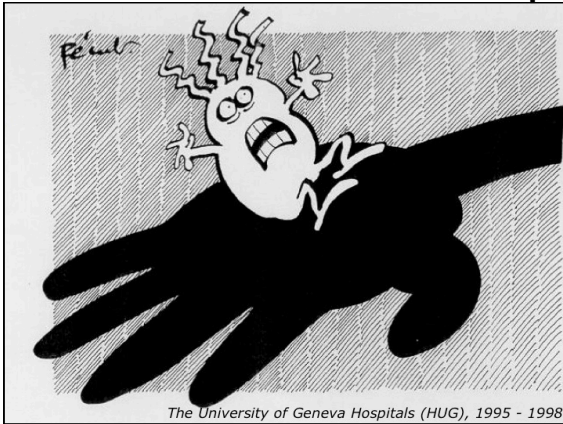
**AVANT, APRÈS**  
**BEFORE AFTER**



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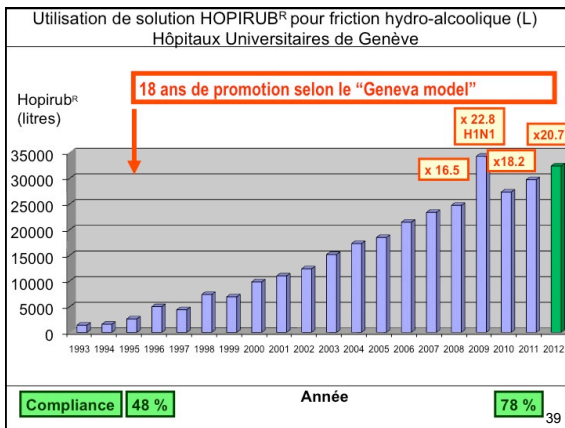
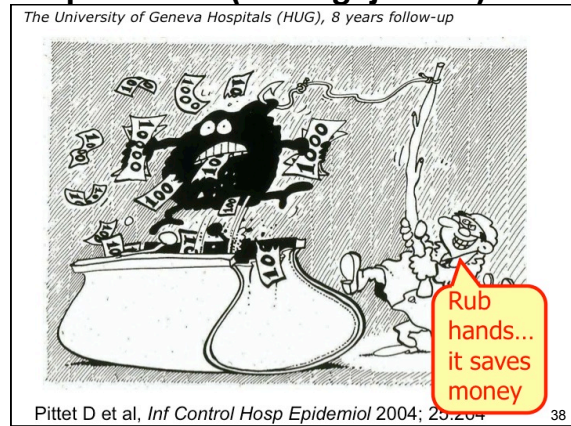
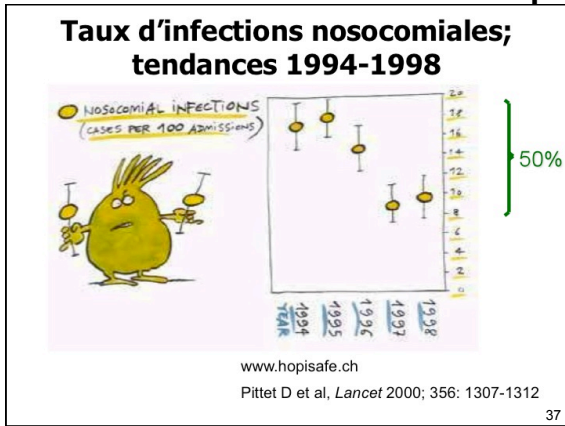


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**Changer le système**

Approche multimodale et multidisciplinaire

**Changer le système**

**Eduquer**

Approche multimodale et multidisciplinaire

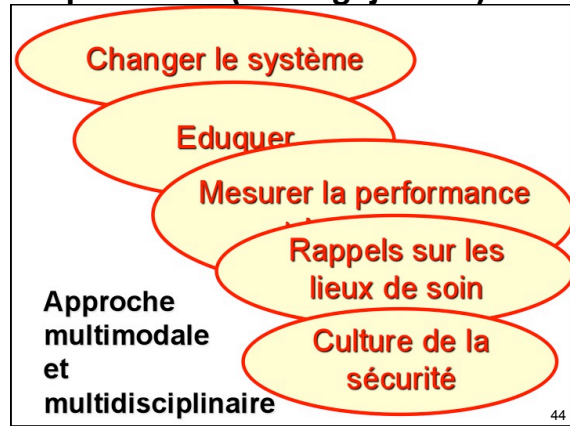
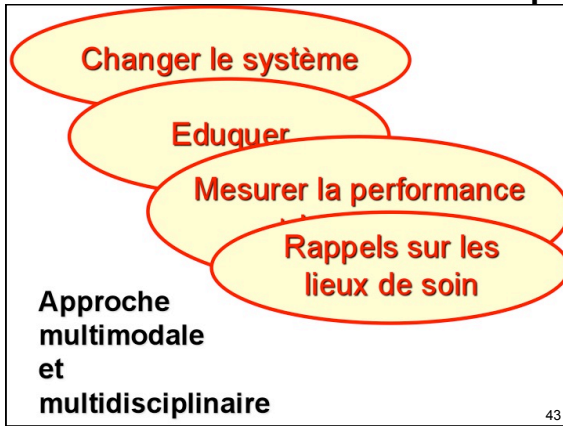
**Changer le système**

**Eduquer**

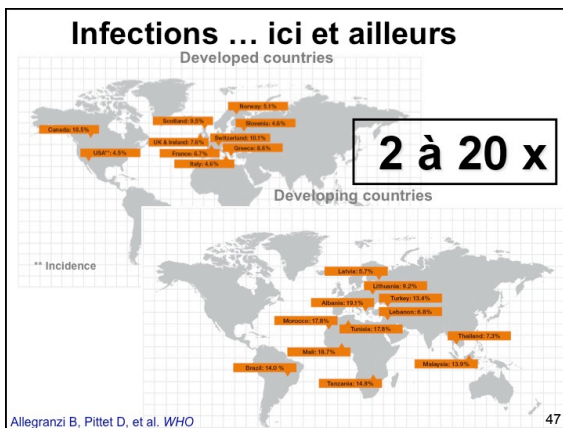
**Mesurer la performance + la restituer**

Approche multimodale et multidisciplinaire

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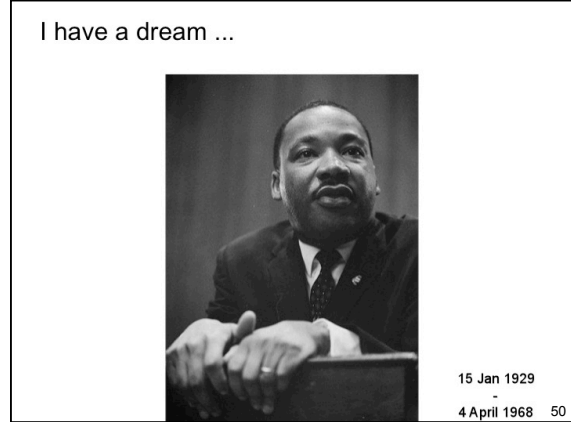
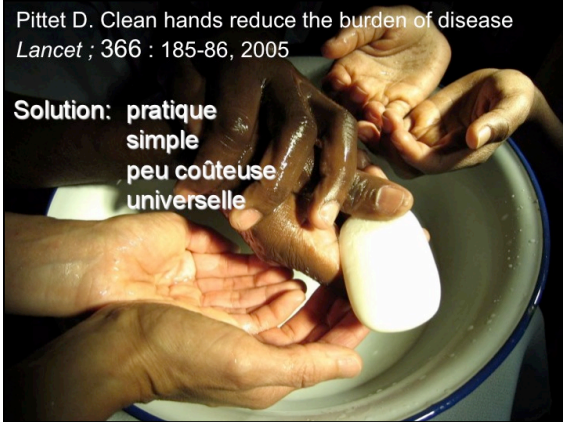
- ### Conséquences
- Expériences avec le « Geneva model »
    - Australie (hôpital, puis région)
    - USA (plusieurs hôpitaux: Boston, New Haven, ...)
    - France, Belgique
    - National Patient Safety Agency *cleanyourhands* campaign au Royaume Uni
  - Recommandations revues
    - France
    - Allemagne
    - Royaume Uni
    - ...
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- La prévention des infections liées aux soins est une priorité absolue en matière de sécurité des patients et de santé publique
- Origine multi-factorielle
    - système et procédures de soins
    - comportement humain
    - contraintes politiques et économiques sur les systèmes de santé et les pays
  - « Gap » sécuritaire
    - certains systèmes de santé / hôpitaux contrôlent le risque mieux que d'autres
  - Données disponibles pour estimer l'ampleur et la nature du problème et mesurer l'impact des actions de prévention
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**Objectifs du Défi**

Globalement	<b>1. Informer</b>
Au niveau politique	<b>2. Mobiliser les pays</b>
Applicables au cours des soins	<b>3. Développer des recommandations</b>

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**Mobilisation politique: charte d'engagement**

Je soussigné, Ministre de la Santé ..., promets de mettre tout en oeuvre afin de réduire l'impact des infections liées aux soins par des actions telles que:

- La reconnaissance de leur importance;
- La mise en place de campagnes de promotion de l'hygiène des mains;
- Le partage d'expérience, d'information et de données utiles au plan international;
- L'application des stratégies et des recommandations formulées par l'OMS...

Signature du Ministre

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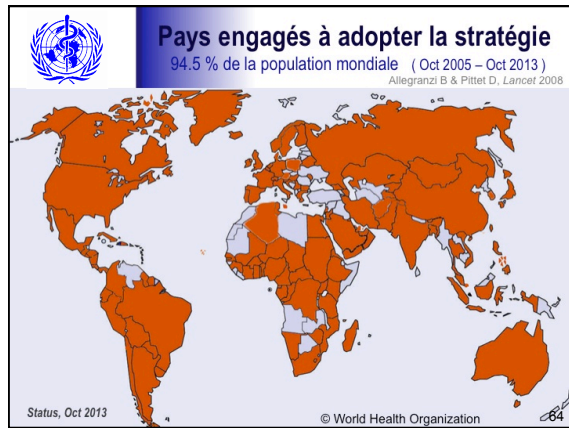
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Kabul, Afghanistan - April 2012 62



Kabul, Afghanistan - April 2012



**Guide OMS pour l'Hygiène des Mains au Cours des Soins (Version Avancée – 2006)**

- 2 consultations internationales
- 9 groupes de travail permanents (experts)
- > 100 experts internationaux
- > 700 références
- Expérimentation dans des sites pilotes
- Synthèse traduite dans les langues officielles de l'OMS

WORLD ALLIANCE FOR PATIENT SAFETY  
**WHO GUIDELINES ON HAND HYGIENE IN HEALTH CARE (ADVANCED DRAFT)**  
 GLOBAL PATIENT SAFETY CHALLENGE 2005-2006  
 Clean Care is Safer Care  
 World Health Organization 65

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ALIANZA MUNDIAL POR LA SEGURIDAD DE LOS PACIENTES  
**RECOMENDACIONES OMS PARA L'HYGIENE DES MAINS AU COURS DES SOINS (VERSION AVANCEE): SYNTHESE**  
 世界卫生组织保健中手卫生准则 (最新草案): 概要

МОНДИАЛНА АЛИАНСА ЗА БЕЗОПАСНОСТ НА ПАЦИЕНТИТЕ  
**РУКОВОДСТВО ВОЗ ПО ГИГИЕНА РУК В МЕДИКО-САНИТАРНО (ПРЕСМОТРЕННЫЙ ПРО РЕЗЮМЕ)**  
 ЧИСТЫЕ РУКИ – ЭТО БЕЗОПАСНО

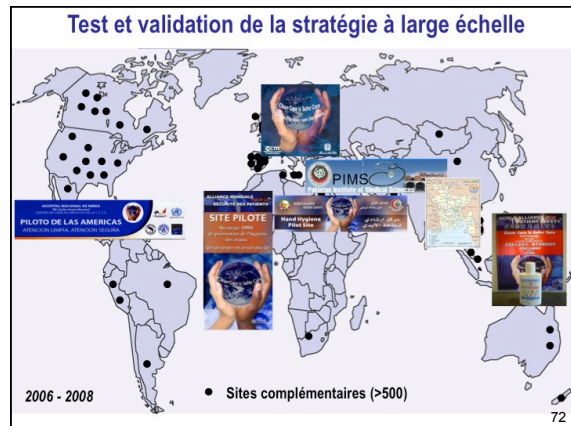
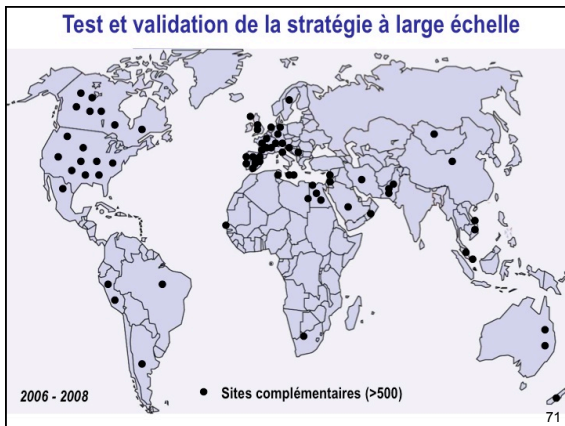
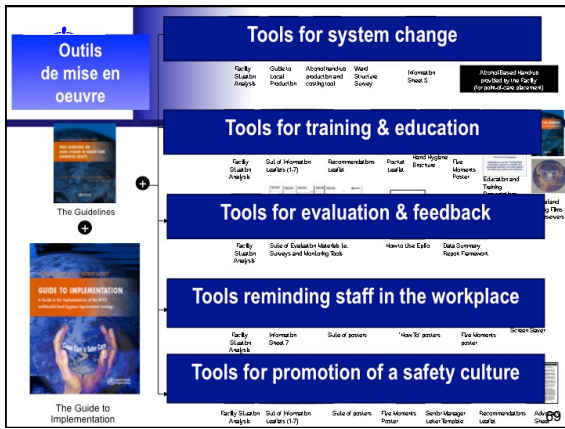
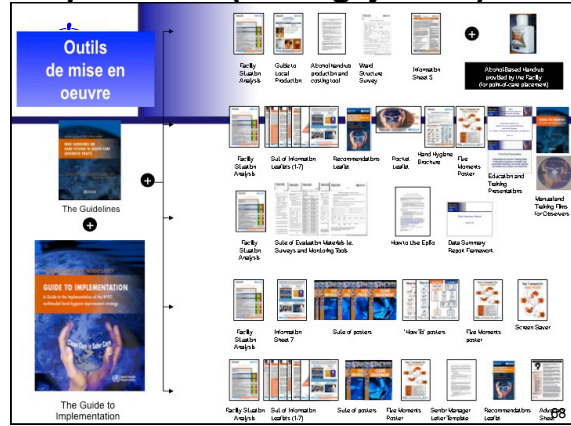
ALIANZA MUNDIAL POR LA SEGURIDAD DE LOS PACIENTES  
**RECOMENDACIONES OMS PARA L'HYGIENE DES MAINS AU COURS DES SOINS (VERSION AVANCEE): RESUMEN**  
 世界卫生组织保健中手卫生准则 (最新草案): 摘要

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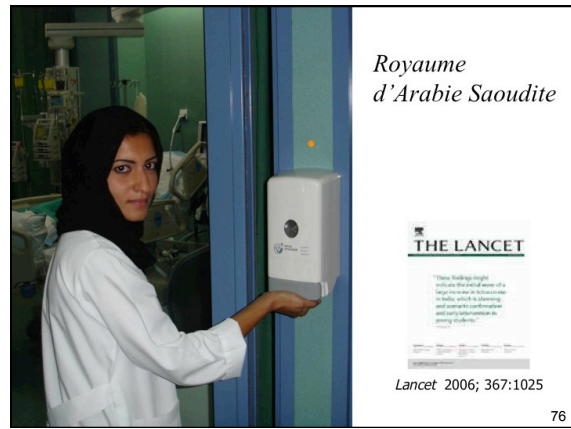
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**Guide de mise en oeuvre**  
**Outils clefs et leur utilisation**

- Guide de mise en oeuvre de la stratégie multi-modale
- Plan d'action

**SAVE LIVES**  
Clean Your Hands

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

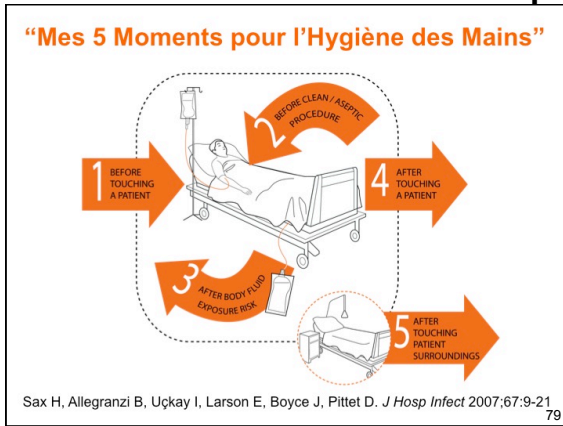
World Health Organization | Patient Safety

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**Your 5 Moments for Hand Hygiene**

**How to Handrub?**

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

World Health Organization Patient Safety SAVE LIVES Clean Your Hands

THE NEW ENGLAND JOURNAL of MEDICINE

VIDEOS IN CLINICAL MEDICINE

### Hand Hygiene

Yves Longtin, M.D., Hugo Sax, M.D., Benedetta Allegranzi, M.D.,  
Franck Schneider, and Didier Pittet, M.D.

ACCES LIBRE ET GRATUIT at <http://www.nejm.org/doi/full/10.1056/NEJMc0903599>

**OVERVIEW**  
Health-care associated infections are a threat to patient safety and the most common adverse events resulting from a stay in the hospital.<sup>1</sup> Approximately 5 to 10% of hospitalized patients in the developed world acquire such infections, and the burden of disease is even higher in developing countries. Proper use of hand hygiene is a critical to the prevention of these infections, but compliance among health care workers is most often below 40%.

Hand hygiene serves many purposes in the health care setting.<sup>1</sup> It prevents both endogenous and exogenous infections in patients, contamination of the hospital environment with potential pathogens, and cross-transmission of microorganisms between patients. When used in conjunction with the appropriate protective equipment, it also protects health care workers from the hazards of occupational infections.

**EQUIPMENT**  
Essential equipment for the performance of adequate hand hygiene includes an alcohol-based hand-rub formulation or soap, water, and drying agents such as disposable paper or cloth towels. Alcohol-based hand rubs with optimal antimicrobial activity usually contain 75 to 95% alcohol, formulated in a non-aqueous, non-

From the Infection Control Program, University of Geneva Hospitals and Faculty of Medicine (Y.L., H.S., D.P.); World Health Organization (WHO) Patient Safety, WHO Headquarters (B.A., D.P.); and the Communication Service (F.S.) and WHO Collaborating Center for Patient Safety (D.P.) — all in Geneva. Address reprint requests to Dr. Pittet at the Infection Control Program, University of Geneva Hospitals and Faculty of Medicine, 4 Rue Gabrielle-Perret Genès, 1211 Geneva 14, Switzerland, or at [didier.pittet@hcuge.ch](mailto:didier.pittet@hcuge.ch).

\*Dr. Longtin and Sax contributed equally to this article.

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THE NEW ENGLAND JOURNAL of MEDICINE

VIDEOS IN CLINICAL MEDICINE

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Yves Longtin, M.D., Hugo Sax, M.D., Benedetta Allegranzi, M.D.,  
Franck Schneider, and Didier Pittet, M.D.

**Traduit en:**

- Français
- Portugais
- Japonais

**Et très bientôt:**

- Espagnol
- Italien
- Allemand
- Chinois
- Romain
- Turque
- .....

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VIDEOS IN CLINICAL MEDICINE

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**OVERVIEW**  
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Hand hygiene serves endogenous and exoge environment with poten between patients. When ment, it also protects hea

**Traduit en:**

- Français

**Adresse:** [http://youtu.be/bV\\_nJGsPGow](http://youtu.be/bV_nJGsPGow)

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**Solution alcoolique pour la désinfection des mains**  
**Alcohol-based hand rub**

**1st Global Challenge 2005 - 2006**

**Clean Care is Safer Care**

**HUG**  
 Hôpitaux Universitaires de Genève  
 As part of the World Alliance, WHO has launched the Global Challenge in collaboration with HUG

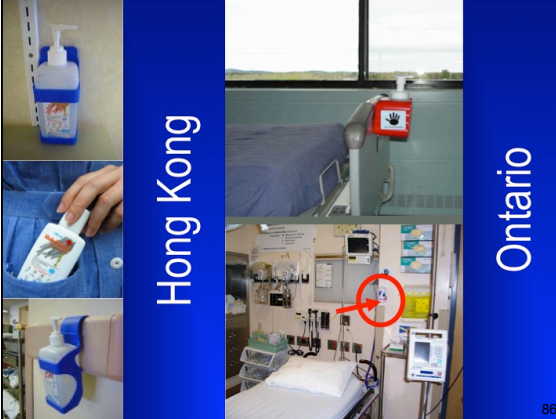
**World Alliance for Patient Safety**

**Recommandation centrale**

Adoption de la friction hydro-alcoolique comme standard de qualité des soins

World Health Organization

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**Hong Kong**

**Ontario**

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**Australia**

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**Riyadh, Saudi Arabia**

**England 2006**

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**Kyrgyzstan 2006**

**Bangkok 2007**

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Equité - Solidarité



**Clean Care is Safer Care**

World Alliance for Patient Safety

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*Nairobi, Afrique, Janvier 2006* 91



*Nairobi, Afrique, Janvier 2006* 92



*Nairobi, Afrique, Janvier 2006* 93



**Combien coûte ce produit ?  
 2.5x le prix payé à Boston**

*Nairobi, Afrique, Janvier 2006* 94

**Guide pour la production locale de la "formule OMS" pour friction hydro-alcoolique**

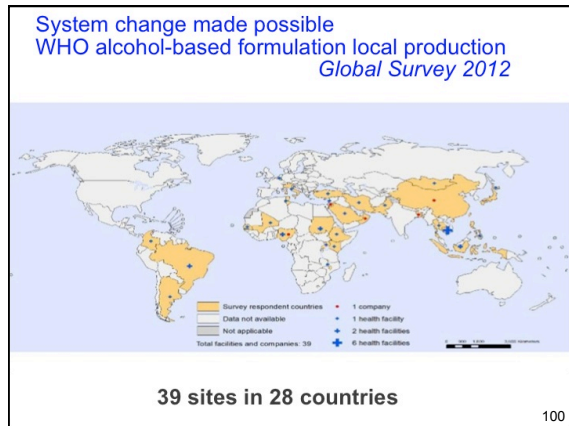
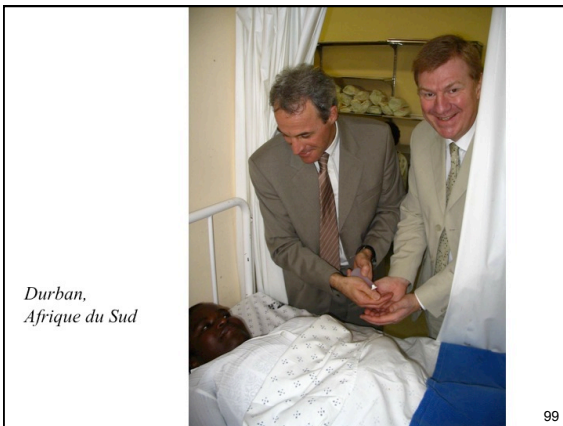
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**Production locale de solution alcoolique à partir de déchets de canne à sucre**  
*Mali 2007*

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**Hygiène des mains: défi sans frontières**  
**Professeur Didier Pittet, Organisation Mondiale de la Santé**  
**L'émission du teleclass est sponsorisée par GOJO (www.gojo.com)**



**Main results**  
WHO alcohol-based (ABHR) formulation local production - Global Survey 2012

- WHO ABHR local production proved feasible in all 39 sites
- Locally sourced alcohol used in 72% of sites (sourced from the chemical industry [53%] or the agro-industry [47%] e.g. sugar cane, corn, manioc, mahogany and walnut)
- Excellent product tolerability and acceptability in 82%
- Quality control performed by 87% of sites (but 4 countries lacked access to required equipment)
- WHO ABHR promoted as part of a multimodal strategy in 88% of sites
- WHO ABHR formulations less expensive than marketed products (evaluation in 16 sites)

World Health Organization | Patient Safety | SAVE LIVES Clean Your Hands

Joanna Bauer-Savage et al. Bulletin of the World Health Organization 2013, available online

Advantages and barriers	No of sites involved / with data available (%)
<b>Advantages</b>	
Less expensive than marketed alcohol-based handrubs	7/9 (78)
Excellent tolerance and acceptability	31/38 (82)
Used in health facility as part of a multimodal approach to improve hand hygiene	30/34 (88)
Manufactured from locally-sourced alcohol	28/39 (72)
<b>Barriers to production</b>	
Staff needed training on production process	29/39 (74)
Occasional difficulty in procuring ingredients locally	20/39 (51)
Difficulty in procuring appropriate dispensers	19/37 (51)
<b>Barriers to quality control</b>	
Suboptimal reprocessing of dispensers	11/24 (46)
No equipment available to perform quality control locally	11/24 (46)
<b>Barrier to acceptability</b>	
Unpleasant smell	4/38 (11)

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Adaptabilité - Universalité



Allegranzi B. et al. *Lancet Infectious Diseases*, 2013; Aug 22

### Global implementation of WHO's multimodal strategy for improvement of hand hygiene: a quasi-experimental study

**Summary**  
Background Health-care-associated infections are a major threat to patient safety worldwide. Transmission is mainly via the hands of health-care workers, but compliance with recommendations is usually low and effective improvement strategies are needed. We assessed the effect of WHO's strategy for improvement of hand hygiene in five countries.

**Methods** We did a quasi-experimental study between December, 2006, and December, 2008, at six pilot sites (55 departments in 43 hospitals) in Costa Rica, Italy, Mali, Pakistan, and Saudi Arabia. A step-wise approach in four 3-6 month phases was used to implement WHO's strategy and we assessed the hand-hygiene compliance of health-care workers and their knowledge, by questionnaire, of microbial transmission and hand-hygiene principles. We expressed compliance as the proportion of predefined opportunities met by hand-hygiene actions (ie, handwashing or hand rubbing). We assessed long-term sustainability of core strategy activities in April, 2010.

**Findings** We noted 21884 hand-hygiene opportunities during 1423 sessions before the intervention and 23746 opportunities during 1784 sessions after. Overall compliance increased from 51.0% before the intervention (95% CI 45.1-56.9) to 67.2% after (61.8-72.3). Compliance was independently associated with gross national income per head, with a greater effect of the intervention in low-income and middle-income countries (odds ratio [OR] 4.67, 95% CI 3.16-6.89; p<0.0001) than in high-income countries (2.19, 2.03-2.37; p<0.0001). Implementation had a major effect on compliance of health-care workers across all sites after adjustment for main confounders (OR 2.15, 1.99-2.32). Health-care workers' knowledge improved at all sites with an increase in the average score from 18.7 (95% CI 17.5-19.7) to 24.7 (23.7-25.6) after educational sessions. 2 years after the intervention, all sites reported ongoing hand-hygiene activities with sustained or further improvement, including national scale-up.

Articles

Published Online August 23, 2013  
http://dx.doi.org/10.1016/S1473-3099(13)70143-4

See Online Comment [http://www.thelancet.com/pilots/2013/08/23/1473-3099\(13\)70143-4](http://www.thelancet.com/pilots/2013/08/23/1473-3099(13)70143-4)

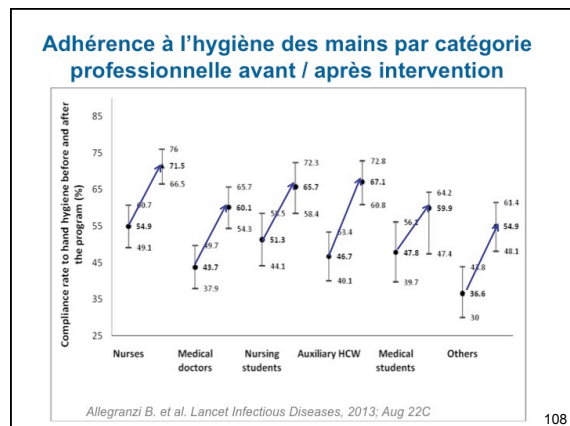
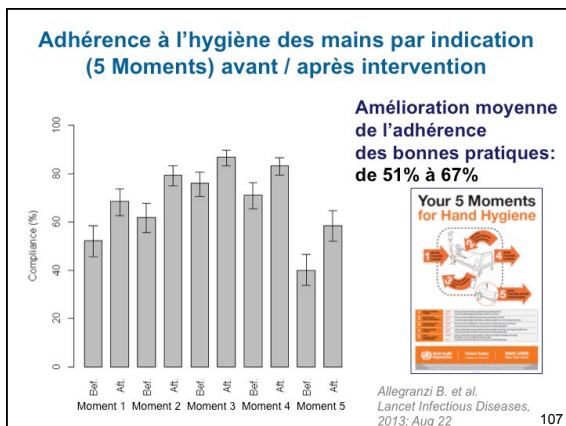
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First Global Patient Safety Challenge, WHO Patient Safety Programme, WHO, Geneva, Switzerland (B Allegranzi, WHO Collaborating Centre and WHO Collaborating Centre on Patient Safety, University of Geneva Hospitals and Faculty of Medicine, Geneva, Switzerland); J Capon Aguerri (WHO Collaborating Centre, Area Hospital, Portugal); UK (D Pittet) (WHO Collaborating Centre)

### Résultats de l'implémentation globale de la stratégie OMS de promotion de l'hygiène des mains

- 55 départements dans 43 hôpitaux dans 5 pays (Costa Rica, Italie, Mali, Pakistan, et Arabie Saoudite)
- Major effect on health-care workers hand hygiene compliance across all professional categories in all sites (OR 2.15, 1.99-2.32; compliance increase from 51% to 67%)
- Greater effect of the intervention in low-income and middle-income countries (4.67, 3.16-6.89) than in high-income countries (2.19, 2.03-2.37)
- Switch to alcohol-based handrubs in all sites
- Significant improvement in health-care workers' knowledge at all sites (p<0.0001)
- Demonstration of implementation feasibility and adaptability of the WHO Multimodal Hand Hygiene Improvement Strategy and its toolkit
- 2 years after the intervention, sustained or further improvement in all sites, including national scale-up

Allegranzi B. et al. *Lancet Infectious Diseases*, 2013; Aug 22



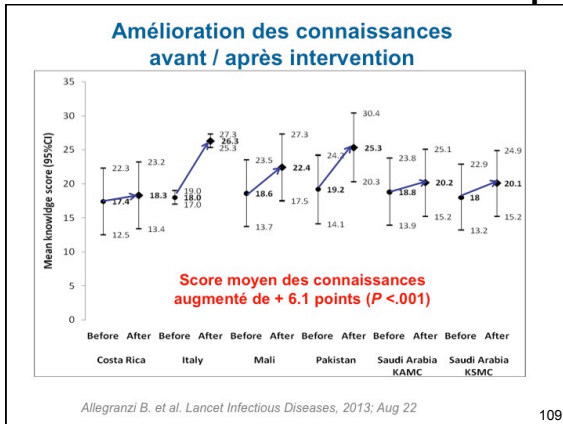
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# Hygiène des mains: défi sans frontières

## Professeur Didier Pittet, Organisation Mondiale de la Santé

### L'émission du teleclass est sponsorisée par GOJO ([www.gojo.com](http://www.gojo.com))



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#### Effet de l'intervention par site pilote

Pilot site	Number of opportunities	Odds Ratio	95% CI	P Value
Costa Rica	2100	5.82	3.28-10.32	< 0.001
Italy	18906	2.27	2.00-2.57	< 0.001
Mali	3546	2.40	1.62-3.55	< 0.001
Pakistan	1332	2.48	1.75-3.52	< 0.001
Saudi Arabia KAMC	2829	2.54	2.00-3.21	< 0.001
Saudi Arabia KSMC	15621	1.83	1.60-2.09	< 0.001

**Effet global: OR = 2.15; 95% CI, 1.99-2.32; P < .001**

*Allegranzi B. et al. Lancet Infectious Diseases, 2013; Aug 22*

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#### Effet de l'intervention en fonction du type de population de patients

Patient population	Number of opportunities	Odds Ratio	95% CI	P Value
Intensive care units	28096	2.09	1.90-2.30	< 0.001
Surgery wards	7383	2.88	2.34-3.54	< 0.001
Emergency wards	2034	0.99	0.72-1.36	0.94
Internal medicine wards	1815	7.31	4.10-13.02	< 0.001
Pediatric wards	1664	3.99	2.74-5.81	< 0.001
Others	3342	0.71	0.51-0.98	0.04

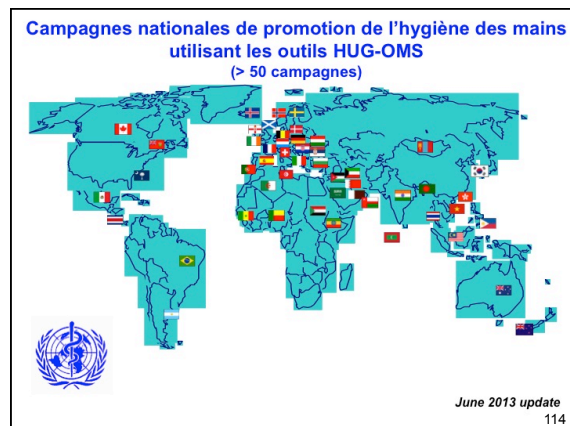
*Allegranzi B. et al. Lancet Infectious Diseases, 2013; Aug 22*

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#### Indicators of long-term sustainability (2 years follow-up)

Indicators of long-term sustainability (2 years follow-up)	Number of sites/total	Site
Strategy implementation continued	6/6	All
Alcohol-based handrub continued to be available*	5/5	All
Educational sessions repeated at least once a year*	5/5	All
Hand hygiene compliance monitoring and feedback repeated regularly*	4/5	Costa Rica, Mali, Saudi KAMC and KSMC
Implementation expanded to other hospitals in the country	5/6	Costa Rica, Italy, Mali, Saudi KAMC and KSMC
Launch or sustainment of a national campaign following pilot testing	4/6	Costa Rica, Italy, Saudi KAMC and KSMC

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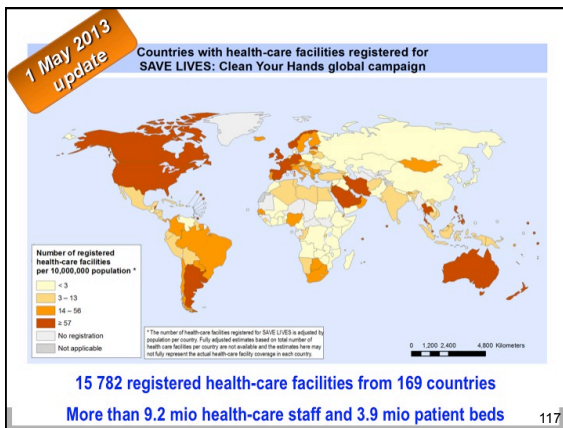


### Journée Mondiale de l'Hygiène des Mains

**WHO SAVE LIVES: Clean Your Hands**

- To maintain a global profile on the importance of **hand hygiene** in health care to reduce **health care-associated infections** and enhance **patient safety** worldwide
- Every 5 May** – WHO, bringing **people together** to improve and sustain hand hygiene

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### Private Organizations for Patient Safety (POPS) - Partenariat Public-Privé

**Communiqués de presse**

- Videos – Uganda example for 2013 – dancing!
- My Five Moments For Hand Hygiene

**Private Organizations for Patient Safety**

**POPS 5 May pledge card issued 2013 – promoting the 5 Moments**

- Banners
- Posters
- Training programmes
- Promoting sign up to SAVE LIVES: Clean Your Hands

**Promoting the Hand Hygiene Self Assessment Framework in a number of countries**

- 2000 English (UK) & 2000 French
- 4500 for Spain, Portugal, Finland and Poland
- 5000 for Russia, Japan, Malaysia and China
- 3000 for UK, IR, IT, PL, Baltics, CH, Slovenia, Croatia, Austria, Germany, Czech Republic, Belgium and Netherlands

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# Hygiène des mains: défi sans frontières

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Hôpitaux / Institutions enregistrés  
**Save Lives : Clean Your Hands**  
mise à jour, Juin 2013

> 15 800 institutions de soins dans 169 pays  
~ 9.2 mio soignants & ~ 3.9 mio lits hospitalisation

Engagement Ministre

... action sur le terrain

**Your 5 Moments for Hand Hygiene**

1. Before patient care
2. Before a clean procedure
3. After body fluid exposure risk
4. After patient care
5. After contact with patient

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Mesurer le niveau de performance de votre institution

“Hand Hygiene Self-Assessment Framework”  
<http://www.who.int/gpsc/5may/en/>

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Hand Hygiene Self-Assessment Framework 2010

Question	Answer	Score	WHO improvement tools
<b>1. System Change</b>			
<b>1.1</b> How easily available is alcohol-based handrub in your health-care facility? Choose one answer	Not available	0	→ Hand Infrastructure Survey → Protocol for Evaluation of Tolerability and Acceptability of Alcohol-based Handrub in Use or Planned to be Introduced (Method 1)
	Available, but efficacy* and tolerability* have not been proven	5	→ Guide to Implementation 1.1
	Available only in some wards or in discontinuous supply (with efficacy* and tolerability* proven)	10	
	Available facility-wide with continuous supply (with efficacy* and tolerability* proven)	30	
<b>1.2</b> What is the sink:bed ratio? Choose one answer	Available facility-wide with continuous supply, and at the point of care* in the majority of wards (with efficacy* and tolerability* proven)	50	
	Available facility-wide with continuous supply at each point of care* (with efficacy* and tolerability* proven)	5	→ Hand Infrastructure Survey → Guide to Implementation 1.1
	At least 1:10 facility-wide and 1:1 in isolation rooms and in intensive care units	10	

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Hand Hygiene Self-Assessment Framework 2010

Question	Answer	Score	WHO improvement tools
<b>2. Training and Education</b>			
<b>2.1</b> Regarding training of health-care workers in your facility:			
<b>2.1a</b> How frequently do health-care workers receive training regarding hand hygiene* in your facility? Choose one answer	Never	0	→ Slides for Education Session for Trainers, Observers and Health-care Workers
	At least once	5	→ Hand Hygiene Training Films
	Regular training for medical and nursing staff, or all professional categories (at least annually)	10	→ Slides Accompanying the Training Films
<b>2.1b</b> Is there a system in place to ensure that all health-care workers complete this training?	Mandatory training for all professional categories at commencement of employment, then ongoing regular training (at least annually)	20	→ Slides for the Hand Hygiene Co-ordinator
	No	0	→ Hand Hygiene Technical Reference Manual
<b>2.1c</b> Is there a system in place to ensure that all health-care workers complete this training?	Yes	20	→ Hand Hygiene Why, How and When Brochure
	No	0	→ Guide to Implementation 2.2
<b>2.2</b> Are the following educational resources (or locally produced equivalents with similar content) easily available to all health-care workers?			
<b>2.2a</b> “Hand Hygiene Technical Reference Manual”	No	0	→ WHO Guidelines on Hand Hygiene in Health-care: A Summary
	Yes	5	
<b>2.2b</b> “Hand Hygiene Technical Reference Manual”	No	0	→ Hand Hygiene Technical Reference Manual
	Yes	5	

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Hand Hygiene Self-Assessment Framework 2010

### 3. Evaluation and Feedback

Question	Answer	Score	WHO improvement tools
<b>3.1</b> Is a ward infrastructure survey regarding available hand hygiene products and facilities performed at least annually?	No	0	→ Ward Infrastructure Survey
	Yes	10	→ Guide to Implementation 3.3
<b>3.2</b> Is health-care worker knowledge regarding indications and technique for hand hygiene assessed at least annually?	No	0	→ Hand Hygiene Knowledge Questionnaire for Health-Care Workers
	Yes	10	→ Five Standardized Questions → Guide to Implementation 3.3
<b>3.3 Indirect Monitoring of Hand Hygiene Compliance</b>			
<b>3.3a</b> Is consumption of alcohol-based handrub monitored monthly (or at least every 3-5 months)?	No	0	→ Soap/Handrub Consumption Survey
	Yes	5	→ Guide to Implementation 3.3
<b>3.3b</b> Is consumption of soap monitored monthly (or at least every 3-5 months)?	No	0	
	Yes	5	
<b>3.3c</b> Is alcohol based handrub consumption at least 20L per 1000 patient-days?	No	0	
	Yes	5	

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### 4. Reminders in the Workplace

Question	Answer	Score	WHO improvement tools
<b>4.1</b> Are the following posters (or locally produced equivalent with similar content) displayed?			
<b>4.1a</b> Poster explaining the indications for hand hygiene	Not displayed	0	→ Year 5 Moments for Hand Hygiene (Poster)
	Displayed in some wards/treatment areas	15	
	Displayed in most wards/treatment areas	20	
<b>Choose one answer</b>	Displayed in all wards/treatment areas	25	
<b>4.1b</b> Poster explaining the correct use of handrub	Not displayed	0	→ How to Handrub (Poster)
	Displayed in some wards/treatment areas	5	
	Displayed in most wards/treatment areas	10	
<b>Choose one answer</b>	Displayed in all wards/treatment areas	15	
<b>4.1c</b> Poster explaining correct hand-washing technique	Not displayed	0	→ How to Handwash (Poster)
	Displayed in some wards/treatment areas	5	
	Displayed in most wards/treatment areas	7.5	
<b>Choose one answer</b>	Displayed at every sink in all wards/treatment areas	10	

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Hand Hygiene Self-Assessment Framework 2010

### 5. Institutional Safety Climate for Hand Hygiene

Question	Answer	Score	WHO improvement tools
<b>5.1</b> With regard to a hand hygiene team* that is dedicated to the promotion and implementation of optimal hand hygiene practice in your facility?			
<b>5.1a</b> Is such a team established?	No	0	→ Guide to Implementation 5.5
	Yes	5	
<b>5.1b</b> Does this team meet on a regular basis (at least monthly)?	No	0	
	Yes	5	
<b>5.1c</b> Is there dedicated time available to organize a hand hygiene campaign and to teach hand hygiene principles	No	0	
	Yes	5	
<b>5.2</b> Have the following members of the facility leadership made a visible commitment to support hand hygiene improvement?			
<b>5.2a</b> Chief executive officer	No	0	→ Template Letter to Advocate Hand Hygiene to Managers → Template Letter to communicate Hand Hygiene Initiatives to Managers → Guide to Implementation 5.5
	Yes	10	
<b>5.2b</b> Medical director	No	0	
	Yes	5	
<b>5.2c</b> Director of nursing	No	0	
	Yes	5	

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Component	Subtotal
1. System Change	
2. Education and Training	
3. Evaluation and Feedback	
4. Reminders in the Workplace	
5. Institutional Safety Climate	
<b>Total</b>	

**2.** Determine the assigned 'Hand Hygiene Level' for your facility.

Total Score (range)	Hand Hygiene Level
0 - 125	Inadequate
126 - 250	Basic
251 - 375	Intermediate (or Consolidation)
376 - 500	Advanced (or Embedding)

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Test de la faisabilité et de la validité (26 centres participants)

**WHO Region**

AFRO – 7

EMRO – 2

EURO – 8

PAHO – 3

SEARO – 3

WPRO – 3

Stewardson A. et al. J Hosp Infection 2013; 83: 30-35

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How long do you estimate it took you to complete the Hand Hygiene Self-Assessment Framework?

Stewardson A. et al. J Hosp Infection 2013; 83: 30-35

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**Interpretation:**

1. Add up your points.

Component	Subtotal
1. System Change	85
2. Education and Training	60
3. Evaluation and Feedback	55
4. Reminders in the Workplace	70
5. Institutional Safety Climate	65
<b>Total</b>	<b>335</b>

2. Determine the assigned 'Hand Hygiene Level' for your facility.

Total Score range	Hand Hygiene Level
0 - 125	Inadequate
126 - 250	Basic
251 - 375	Intermediate (or Consolidation)

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**4 levels of HH promotion and practice**

- Inadequate:** HH practices and 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 HH promotion strategy is in place and HH practices have improved. It is now crucial to develop long-term plans to ensure that improvement is sustained and progresses.
- Advanced:** HH promotion and optimal HH practices have been sustained and/or improved, helping to embed a culture of safety in the health-care setting.

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**4 levels of HH promotion and practice**

- Inadequate:** HH practices and promotion are deficient. Significant improvement is required.
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- Advanced:** HH promotion and optimal HH practices have been sustained and/or improved, helping to embed a culture of safety in the health-care setting.

**Leadership:** your facility is a reference centre and contribute to the promotion of HH through research, innovation and information sharing.

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**Asia-Pacific Award for Excellence in Hand Hygiene promotion**



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Hand Hygiene

Expert Review Panel

**Professor Didier Pittet (Chair)**  
 Director  
 Infection Control Program & WHO Collaborating Centre on Patient Safety  
 Hôpital Universitaire de Genève  
 Geneva, Switzerland

**Professor Wing-Hong Seto**  
 Chief Infection Control Officer, Hospital Authority  
 Senior Consultant Microbiologist & Director  
 Quality Management, Queen Mary Hospital  
 West Collaborating Centre for Infection Control  
 Hospital Authority, Hong Kong

**Dr Mei-Lin Ling**  
 Director, Infection Control Department  
 Singapore General Hospital &  
 President, Asia Pacific Society of Infection Control

**Professor Lindsay Grayson**  
 Director, Infectious Diseases & Microbiology  
 Austin Health  
 Victoria, Australia

**Ms Patricia Ching**  
 Infection Control Specialist  
 Infection Control & Quality Improvement Department  
 Queen Mary Hospital, Hong Kong

**Ms Gineys Harrington RN, BM**  
 Infection Control Consultant  
 Infection Control Consultancy (ICC)  
 Melbourne, Australia

Asia Pacific Hand Hygiene Excellence Award  
 Asia Pacific Hand Hygiene Innovation Award  
 2013

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*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

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- Identifier problématique
- Modifier
  - système
  - comportement
  - culture
- Améliorer les pratiques
- Diminuer les erreurs
- Réduire → morbidité  
→ mortalité

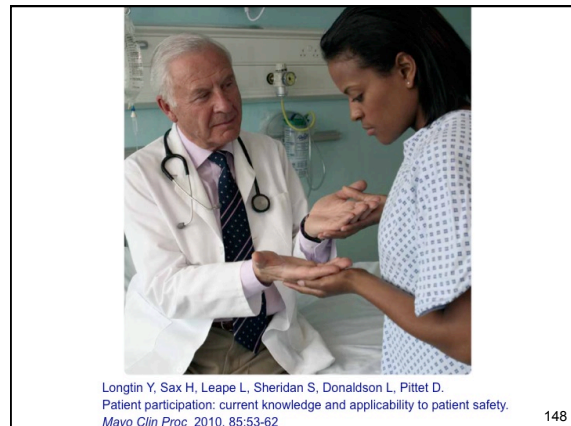
**Hygiène des mains**  
**Première pierre de la sécurité des soins**

**Mandat: 1 centre d'excellence partenaire (EU-Afrique) dans les 46 pays d'Afrique d'ici 2015**

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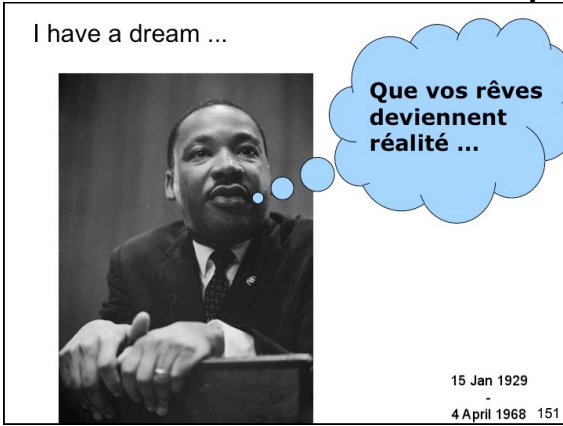


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**Téléclasse ... 2 JUILLET, 2014**

**Maîtriser la diffusion des bactéries  
multirésistantes dans les établissements  
de santé : est-ce vraiment possible?**



**Dr. Pierre Parneix**  
CCLIN Sud-Ouest  
CHU de Pellegrin  
Bordeaux, France

- a) Affronter la réalité épidémiologique et microbologique
- b) Le bon usage des antibiotiques : des recommandations aux résultats
- c) Limiter la transmission croisée : précautions standard ou plus?
- d) Ne pas se priver de la puissance de l'analyse approfondie des causes
- e) Le besoin d'une coopération internationale à un niveau opérationnel
- f) Que puis-je faire au quotidien dans ma fonction?