WHO Infection Prevention and Control Global Unit

Hygiène des Mains au service de la sécurité des soins en chirugie

5 May 2016

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Supported by WHO Service Delivery and Safety Department

Hosted by: Pr. Pierre Parneix, France

« Mon nom est Odile, j'ai un rendez-vous avec le Dr. Knife »

Joignons nos efforts pour des soins chirurgicaux sûrs

REGARDEZ VOS MAINS

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 **Faites 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

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 **Colabora con un compañero** para mostrar vuestro compromiso con la prevención de infecciones en los servicios quirúrgicos

2 **Únete a las manos «limpias» y sácate 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
نظافة الأيدي تدعم
الرعاية الجراحية المأمونة


关注双手
手部卫生利于
安全外科保健
检查你的手部卫生。因你手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。
#SAFESURGICALHANDS
SAVE LIVES


ВЗГЛЯНИ НА СВОИ
РУКИ
гигиена рук является залогом
безопасной хирургической помощи
#SAFESURGICALHANDS
SAVE LIVES

OUTLINE

- Fardeau de l'infection du site chirurgical
- Le parcours du patient en chirurgie
- "SAVE LIVES: Clean Your Hands" 5 Mai dispersion de #safesurgicalhands
- Unité centrale de Prévention et Contrôle de l'Infection à l'OMS
- Nouvelles guidelines OMS de prévention de l'infection du site chirurgical (ISC)

Why focus on SSI ?

Selon le rapport de l'OMS sur le fardeau global des infections liées aux soins (ILS), l'infection du site chirurgical (ISC) est la plus fréquente dans les pays à resources limitées et les taux y sont plus élevés

Allegranzi B et al. Lancet 2011;377:228-41

Articles

Burden of endemic health-care-associated infection in developing countries: systematic review and meta-anal

Summary

World Health Organization | Patient Safety

Published on 5 May 2011

http://www.who.int/gpsc/en/

Report on the Burden of Endemic Health Care-Associated Infection Worldwide

Clean Care is Safer Care

Systematic reviews

th-care-associated infection in Africa: a systematic review

Bagheri Nejad S, et al. Bull OMS 2011;89:757-765

HAI prevalence in USA - 2011

- 183 hôpitaux dans 10 états: 11,282 patients
- **PREVALENCE des ILS: 4.0%** (95% CI 3.7-4.4)
- 648,000 patients avec 721,800 ILS aux USA soins aigus

  - Infections liés aux “devices”: 26%
  - **Infection du site chirurgical: 22% - 157,352 episodes / an**
    - *Les plus fréquentes ISC: colon (14%), arthroplasties hanche (10%), et chirurgie du tube digestif (6.4%)*
    - *19% des ILS présentes à l’admission et 67% sont ISC*
  - Pneumonie: 22%
  - Infections gastro-intestinales: 17%

Magill SS et al. NEJM 2014; 370:13

Charges financières et types d'ILS - 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.

Pathogènes responsables ISC – USA 2009-2010

	Overall		SSI	
Pathogen	No. (%) of pathogens	Rank	No. (%) of pathogens	Rank[a]
Staphylococcus aureus	12,635 (15.6)	1	6,415 (30.4)	1
Escherichia coli	9,351 (11.5)	2	1,981 (9.4)	3
Coagulase-negative staphylococci	9,261 (11.4)	3	2,477 (11.7)	2
Klebsiella (pneumoniae/oxytoca)	6,470 (8.0)	4	844 (4.0)	7
Pseudomonas aeruginosa	6,111 (7.5)	5	1,156 (5.5)	5
Enterococcus faecalis	5,484 (6.8)	6	1,240 (5.9)	4
Candida albicans	4,275 (5.3)	7	267 (1.3)	...
Enterobacter spp.	3,821 (4.7)	8	849 (4.0)	6
Other *Candida* spp. or NOS	3,408 (4.2)	9	96 ([illegible])	[illegible]
Enterococcus faecium	[illegible]	[illegible]	[illegible]	...
Enterococcus spp.	2,409 (3.0)	11	685 (3.2)	8
Proteus spp.	2,031 (2.5)	12	[illegible]	9
Serratia spp.	[illegible]	[illegible]	385 (1.8)	
Acinetobacter baumannii	1,490 (1.8)	14	119 (0.6)	...
Other	9,304 (11.5)	...	3,399 (16.1)	...
Total	81,139 (100)		21,100 (100)	

1 in 3 ISC est causée par *S. aureus*

44% sont des MRSA

Sievert DM, et al. ICHE; 2013;34:1-14

Episodes d'ILS / année en Europe

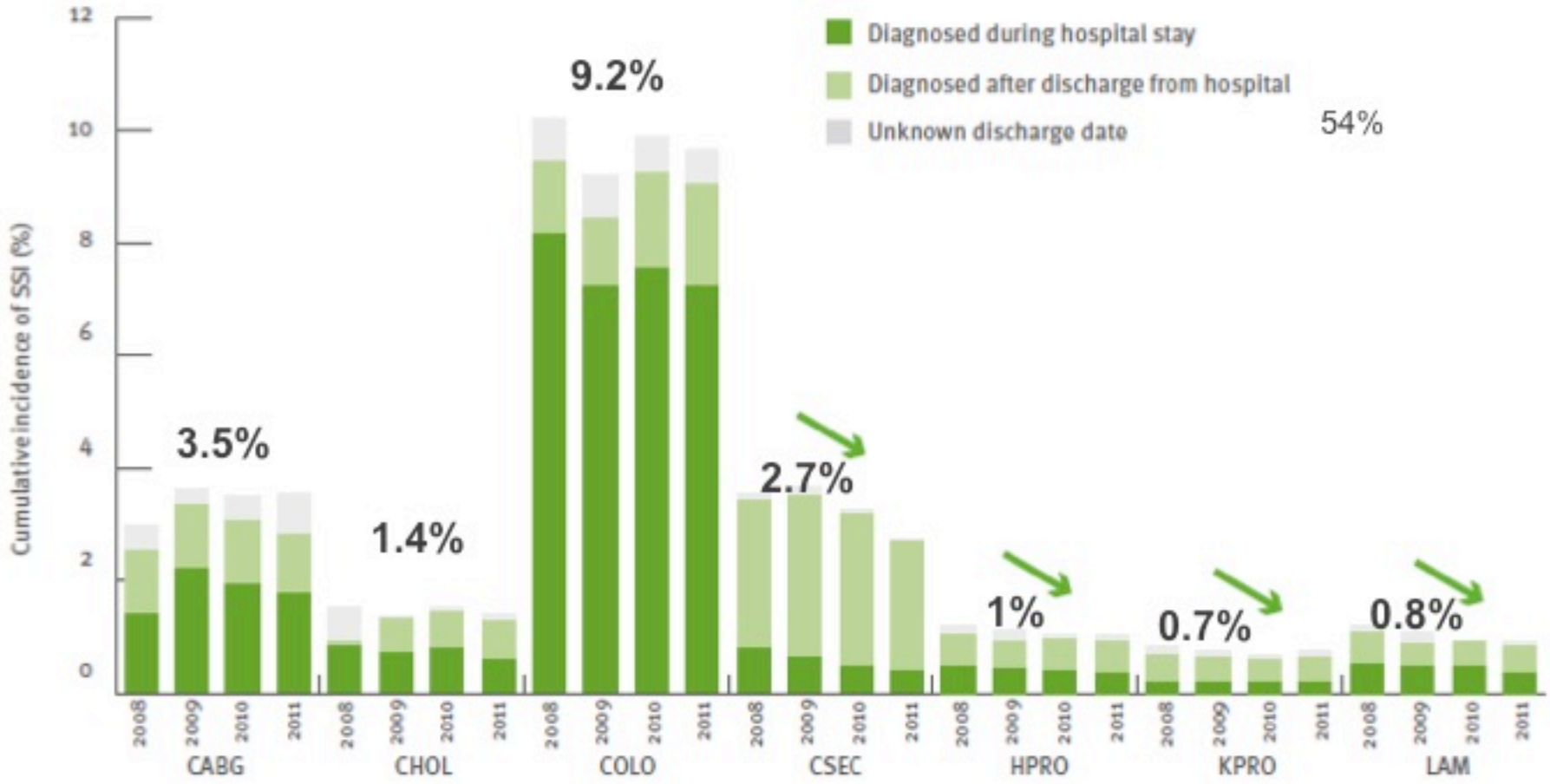
HAI type	LN-INT	P50 (LN-INT)	HAI inc.%	(95% CI)	N HAIs /year	(95% CI)	% of total HAIs	(95% CI)
Pneumonia/LRT	8.9	6.7	0.95	(0.58-1.66)	860 938	(522 771-1 500 038)	24.4	(14.8-42.5)
Urinary tract	8.0	6.3	0.98	(0.58-1.72)	888 106	(527 129-1 554 275)	25.2	(14.9-44.0)
Surgical site	15.0	9.3	0.60	(0.33-1.17)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

543 149 (298 167-1 062 673)

(ECDC, Point Prev Report 2011-12)

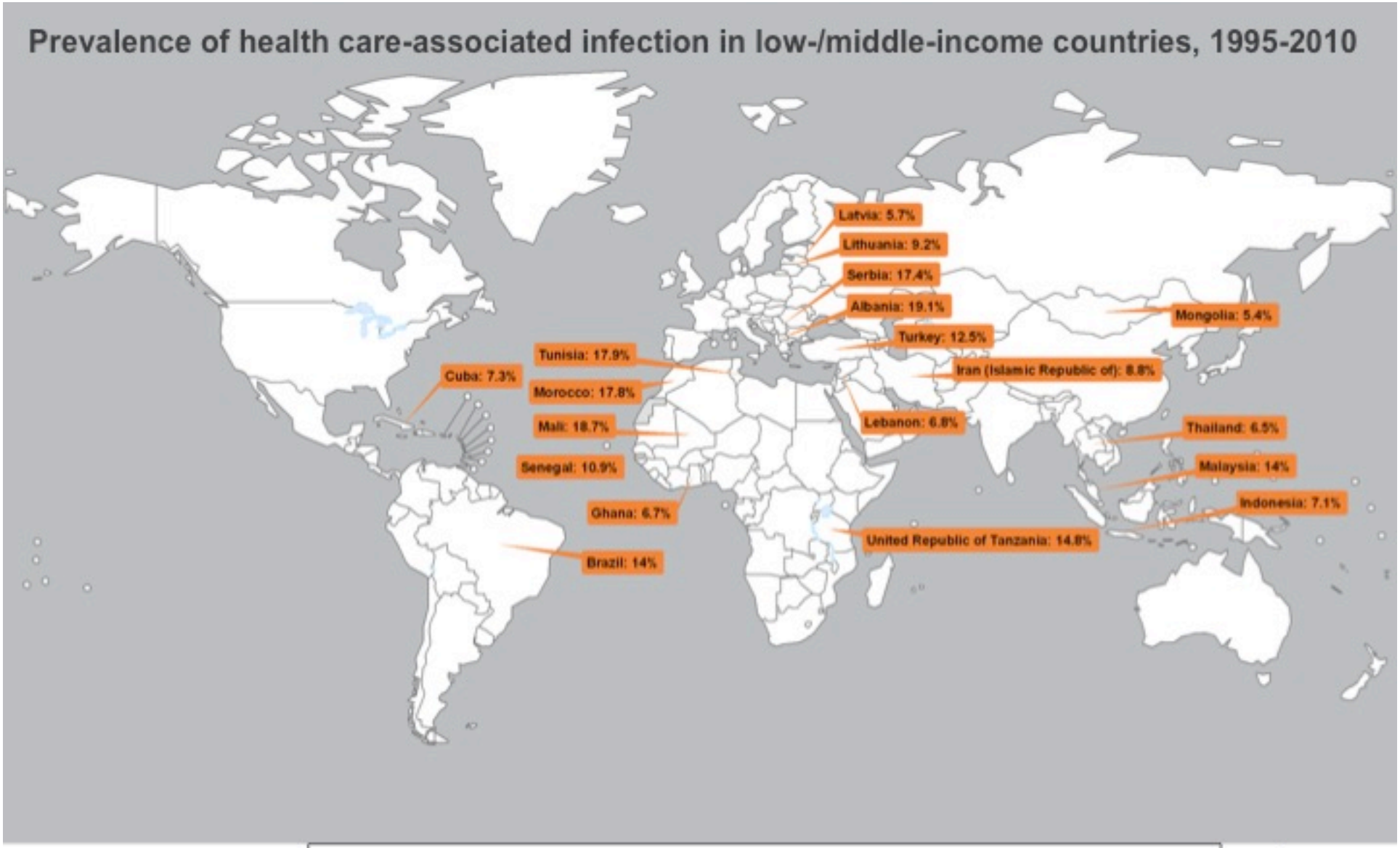
Incidence cumulative d'ISC, Europe– 2008-2011

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



ECDC Annual Epidemiological Report 2013

Fardeau des ISC - Pays à resources limitées



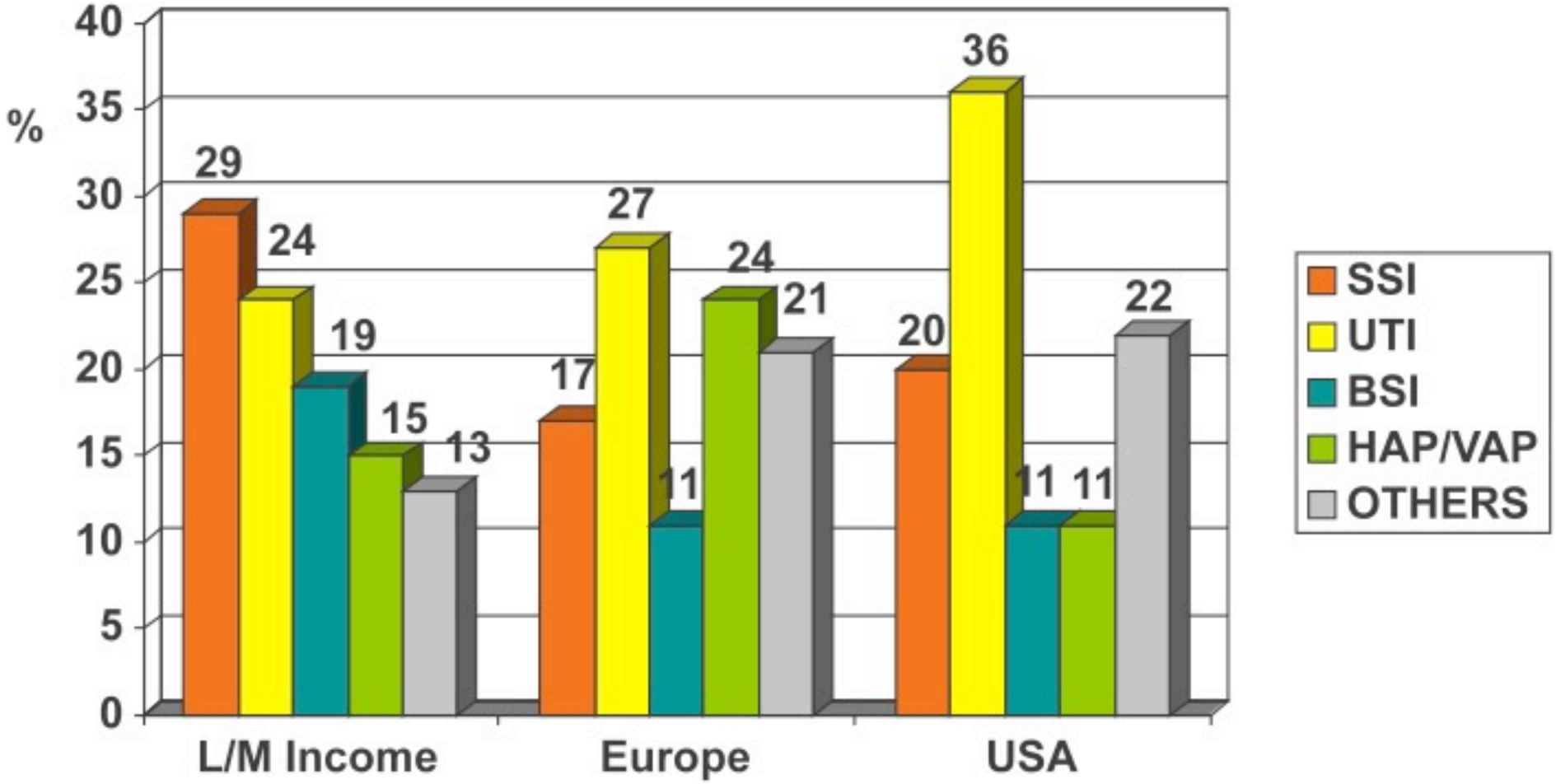
Range: 5.7-19.1%

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

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

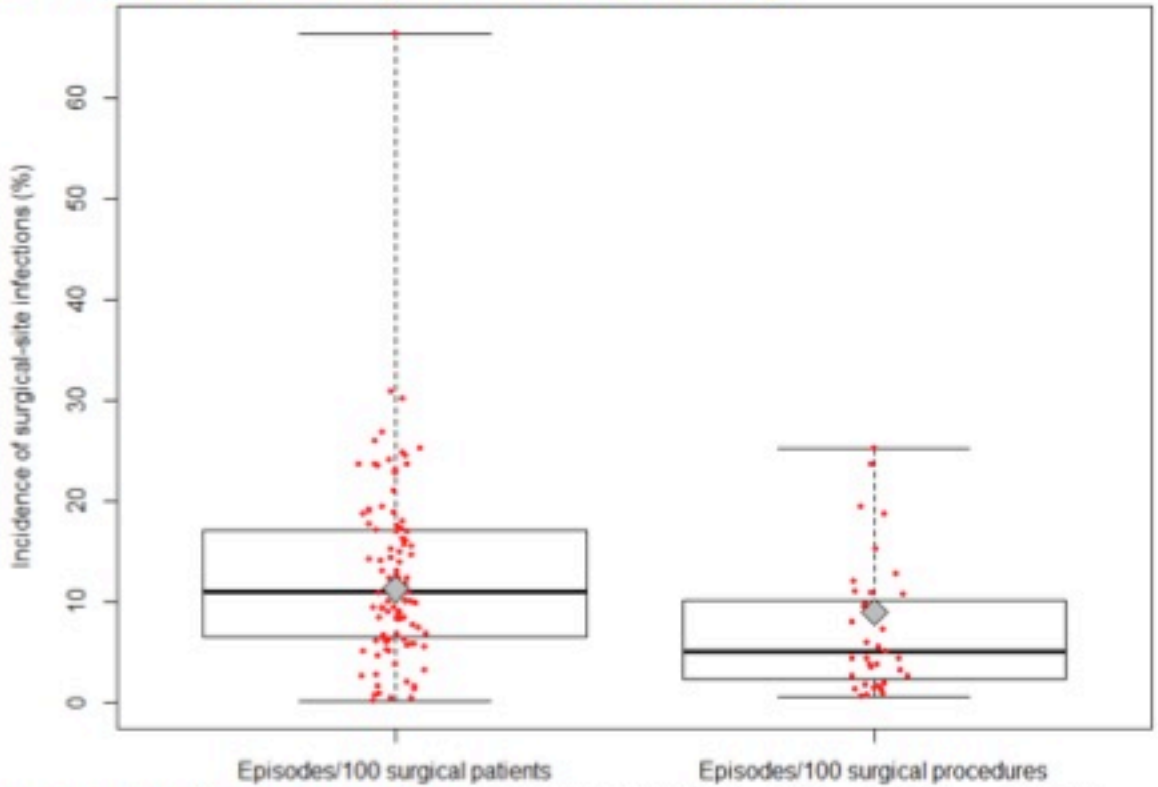
WHO Report on the Burden of Endemic Health Care-associated Infection Worldwide

Distribution des ILS par région



Revue systématique des ISC – Pays resources limitées (1995-2015)*

Incidence du ISC (107 études)



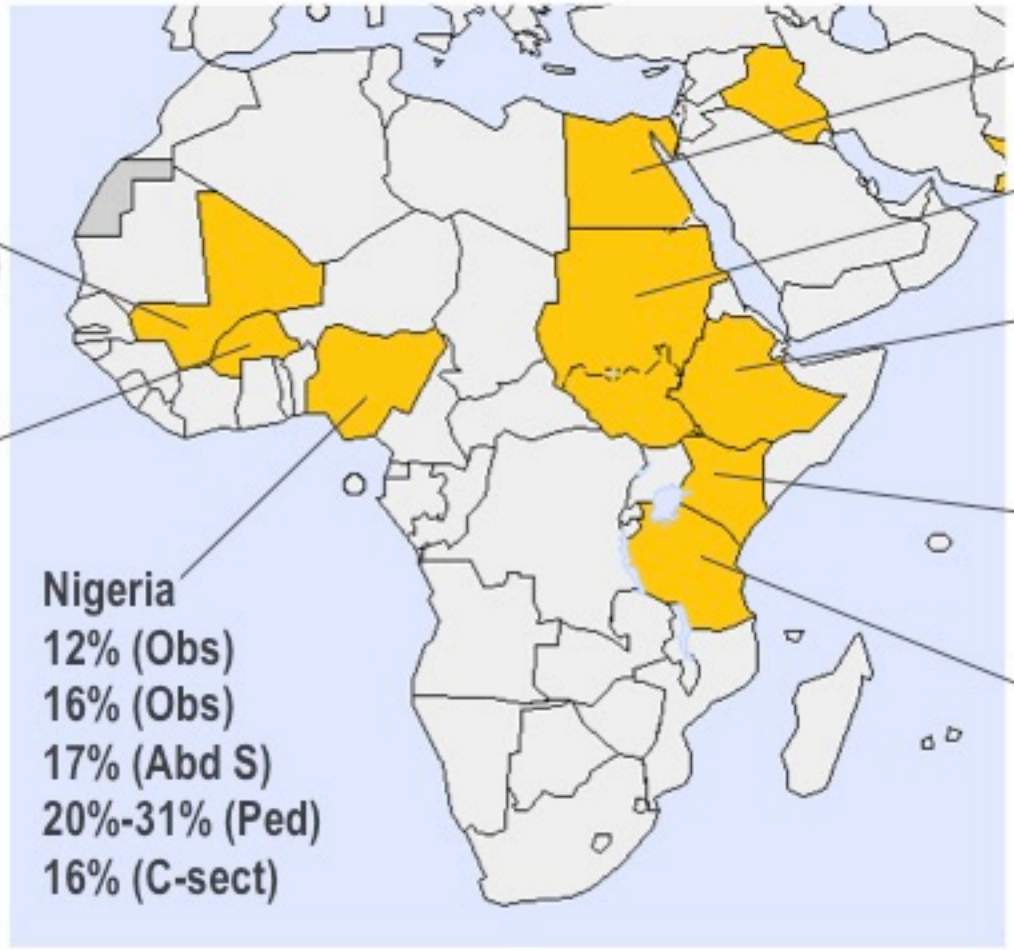
Incidence cumulative (pooled): **11.2%** (95% CI, 9.7 to 12.8) per 100 surg pts

7.1% (95% CI 4.6-10.2) per 100 surg procedures

I^2 = 99%

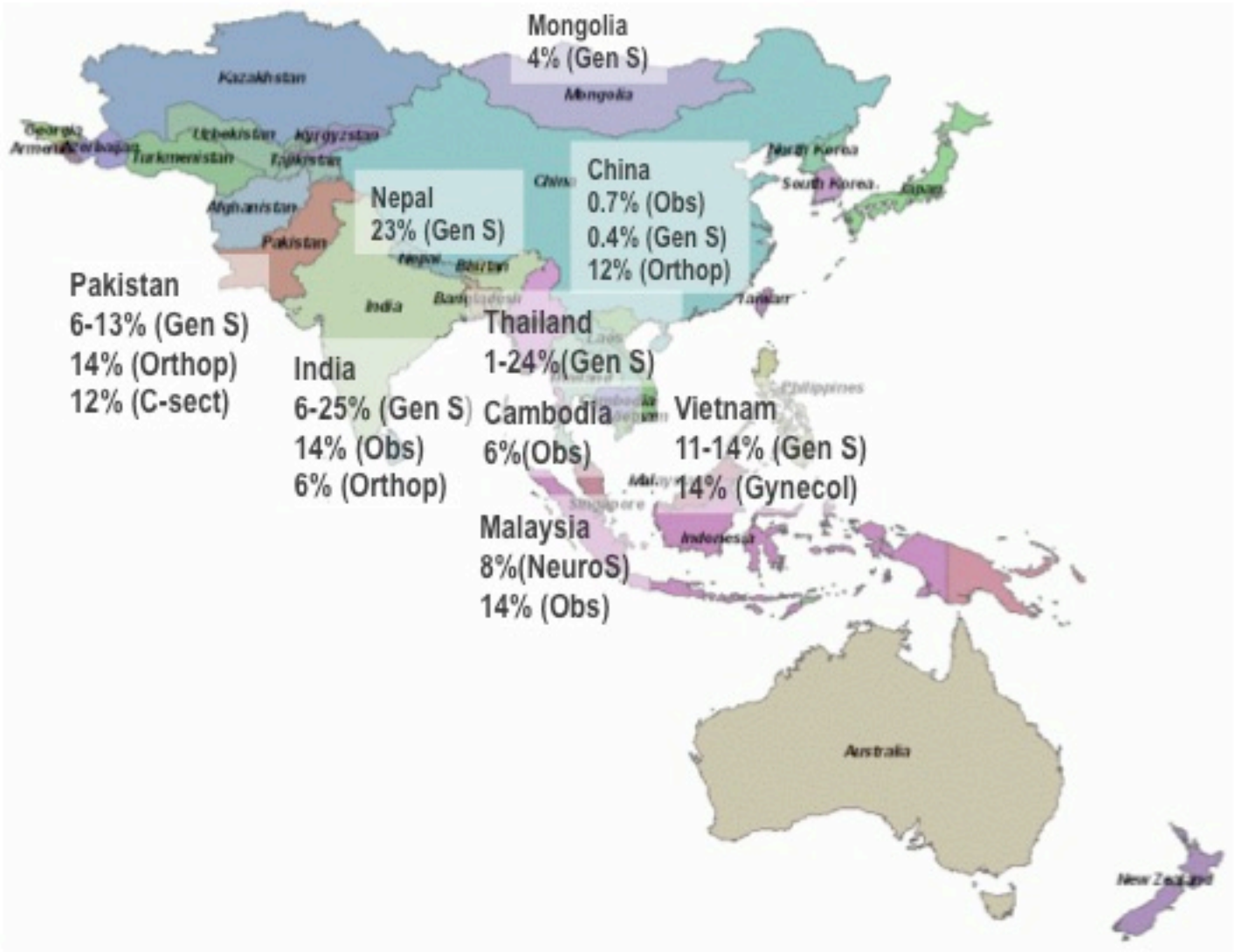
*** 256 studies included**

Fréquence des ISC * en Afrique



*High-quality prevalence and incidence studies

Fréquence des ISC en Asie* (1995-2015)



*High-quality prevalence and incidence studies

Manques et problèmes – surveillance des ISC dans les pays aux resources limitées

Pas de données pour de nombreux pays

Emploi variables

- Définitions et méthodologies de surveillance
- Surveillance après la sortie de l'hôpital
- Utilisation du N de patients au dénominateur

Données limitées

- Microbiologie et résistance aux antimicrobiens
- Indice NNIS et autres facteurs de risque
- Impact des ISC

- 18-58% des ISC sont diagnostiquées après le départ

OUTLINE

Fardeau de l'infection du site chirurgical

Le parcours du patient en chirurgie

"SAVE LIVES: Clean Your Hands" 5 Mai dispersion de #safesurgicalhands

Unité centrale de Prévention et Contrôle de l'Infection à l'OMS

Nouvelles guidelines OMS de prévention de l'infection du site chirurgical (ISC)

Suivons le parcours du patient en chirurgie

313 000 000 individus comme Odile bénéficient d'interventions chirurgicales / année

« Mon nom est Odile, j'ai un rendez-vous avec le Dr. Knife »

« Bienvenue à l'hôpital, Odile »


#SAFESURGICALHANDS
Prof. Didier Pittet

« Mon premier contact avec un chirurgien »

Hygiène des mains, un signe de respect pour le patient

« Voici probablement le chirurgien »

« Décrire la douleur au chirurgien »

« Oui, vous avez besoin d'une intervention chirurgicale »

Chirurgie – Bureau des admissions

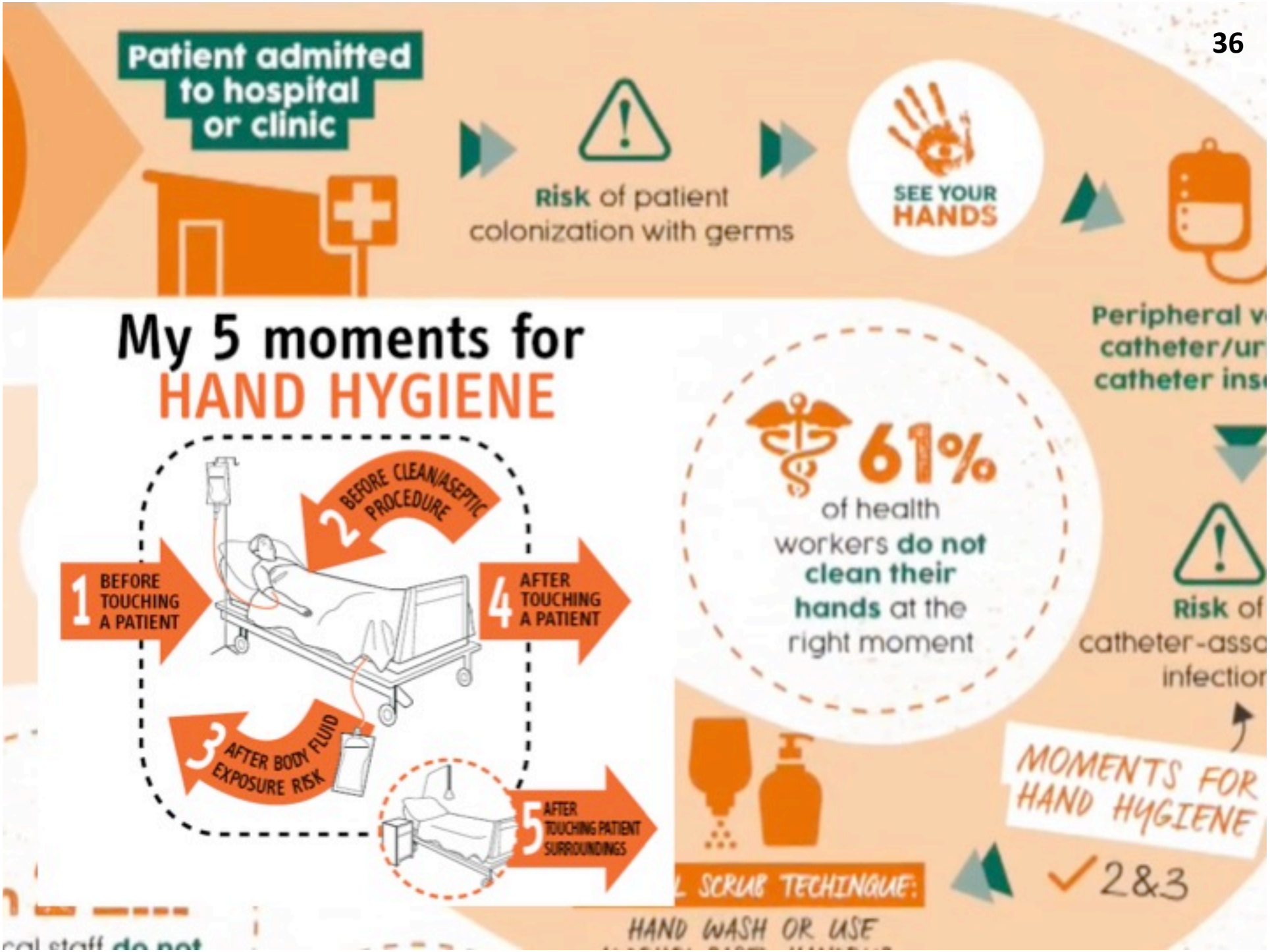
www.tinyurl.com/5momentsSurgery

HAND HYGIENE
AND THE SURGICAL PATIENT JOURNEY[1]

« Mon premier contact avec un anesthésiste »

« Check-up pré-chirurgical »

www.tinyurl.com/5momentsSurgery

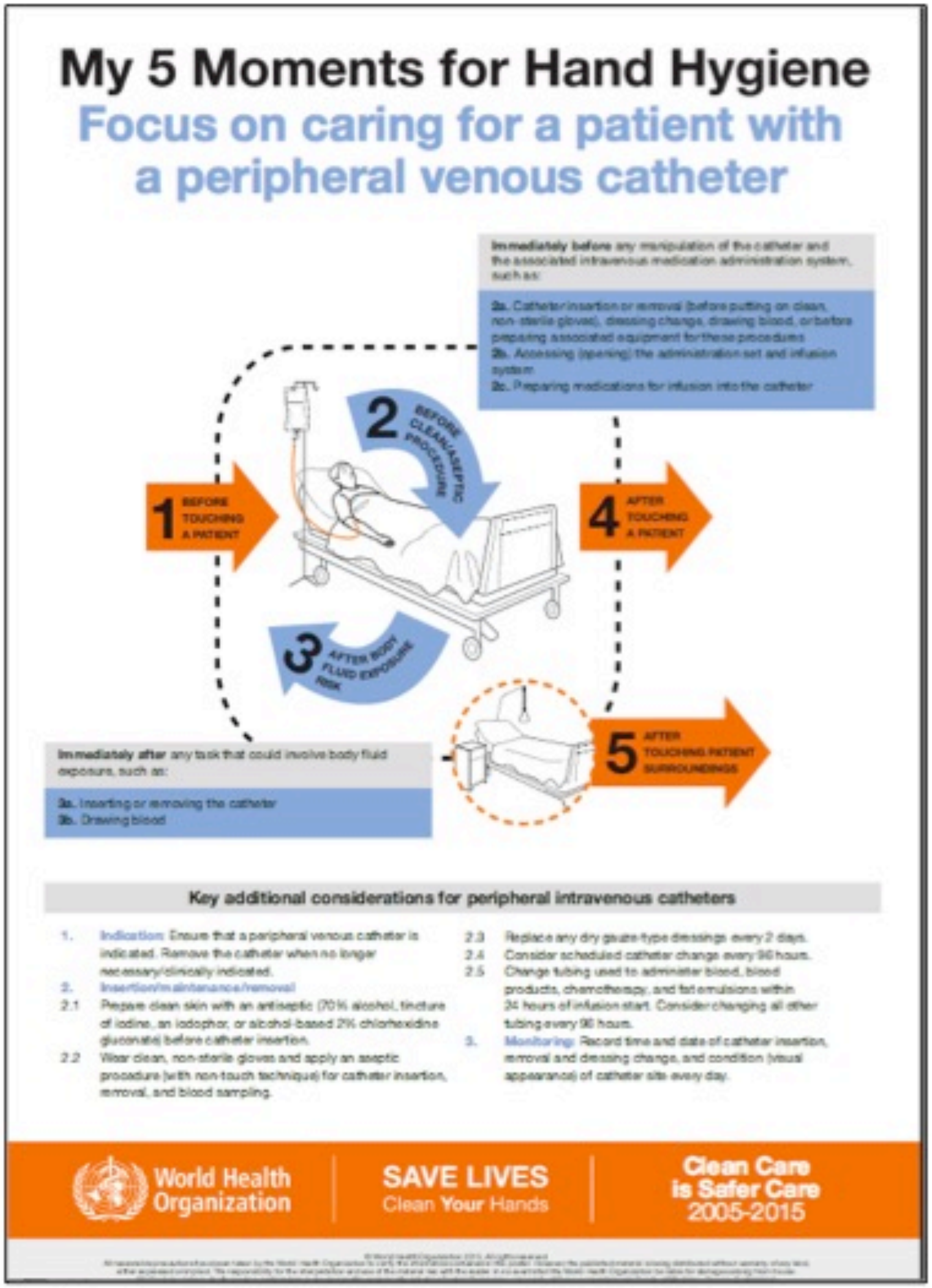

Patient admitted to hospital or clinic
Risk of patient colonization with germs
SEE YOUR HANDS
Peripheral v
catheter/ur
catheter ins
My 5 moments for
HAND HYGIENE
1 BEFORE TOUCHING A PATIENT
2 BEFORE CLEAN/ASEPTIC PROCEDURE
3 AFTER BODY FLUID EXPOSURE RISK
4 AFTER TOUCHING A PATIENT
5 AFTER TOUCHING PATIENT SURROUNDINGS
61%
of health workers do not clean their hands at the right moment
Risk of
catheter-asso
infectior
MOMENTS FOR HAND HYGIENE
✓2&3
SCRUB TECHINGUE:
HAND WASH OR USE

« Ma première expérience dans un bloc opératoire »

« Mon anesthésiste est là, il se frictionne les mais; me voilà rassurée »


www.tinyurl.com/5momentsSurgery


www.tinyurl.com/5momentsSurgery


My 5 Moments for Hand Hygiene
Focus on caring for a patient with a peripheral venous catheter
2 BEFORE CLEAN/ASEPTIC PROCEDURE
1 BEFORE TOUCHING A PATIENT
4 AFTER TOUCHING A PATIENT
3 AFTER BODY FLUID EXPOSURE RISK
5 AFTER TOUCHING PATIENT SURROUNDINGS
3a. Inserting or removing the catheter
3b. Drawing blood
Key additional considerations for peripheral intravenous catheters
World Health Organization
SAVE LIVES
Clean Your Hands
Clean Care is Safer Care
2005-2015

« Un tube dans ma trachée… »

My 5 Moments for Hand Hygiene

Focus on caring for a patient with an endotracheal tube

Immediately before any manipulation of the endotracheal tube and any respiratory tract care, such as:

2a. Performing nasal care, oral care, or securing the endotracheal or tracheostomy tube (before putting on clean, non-sterile gloves)
2b. Endotracheal aspiration or sampling of the respiratory tract through bronchoalveolar lavage or mini-bronchoalveolar lavage (before putting on sterile gloves)

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

3a. Performing nasal care, oral care, or securing the endotracheal or tracheostomy tube
3b. Endotracheal aspiration, sampling of the respiratory tract, or after any other contact with mucous membranes, respiratory secretions, or objects contaminated with respiratory secretions
3c. Intubating or extubating the patient

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.

World Health Organization | SAVE LIVES Clean Your Hands | Clean Care is Safer Care 2005-2015

« Mais où est mon chirurgien ? »


www.tinyurl.com/5momentsSurgery

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.

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.

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

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

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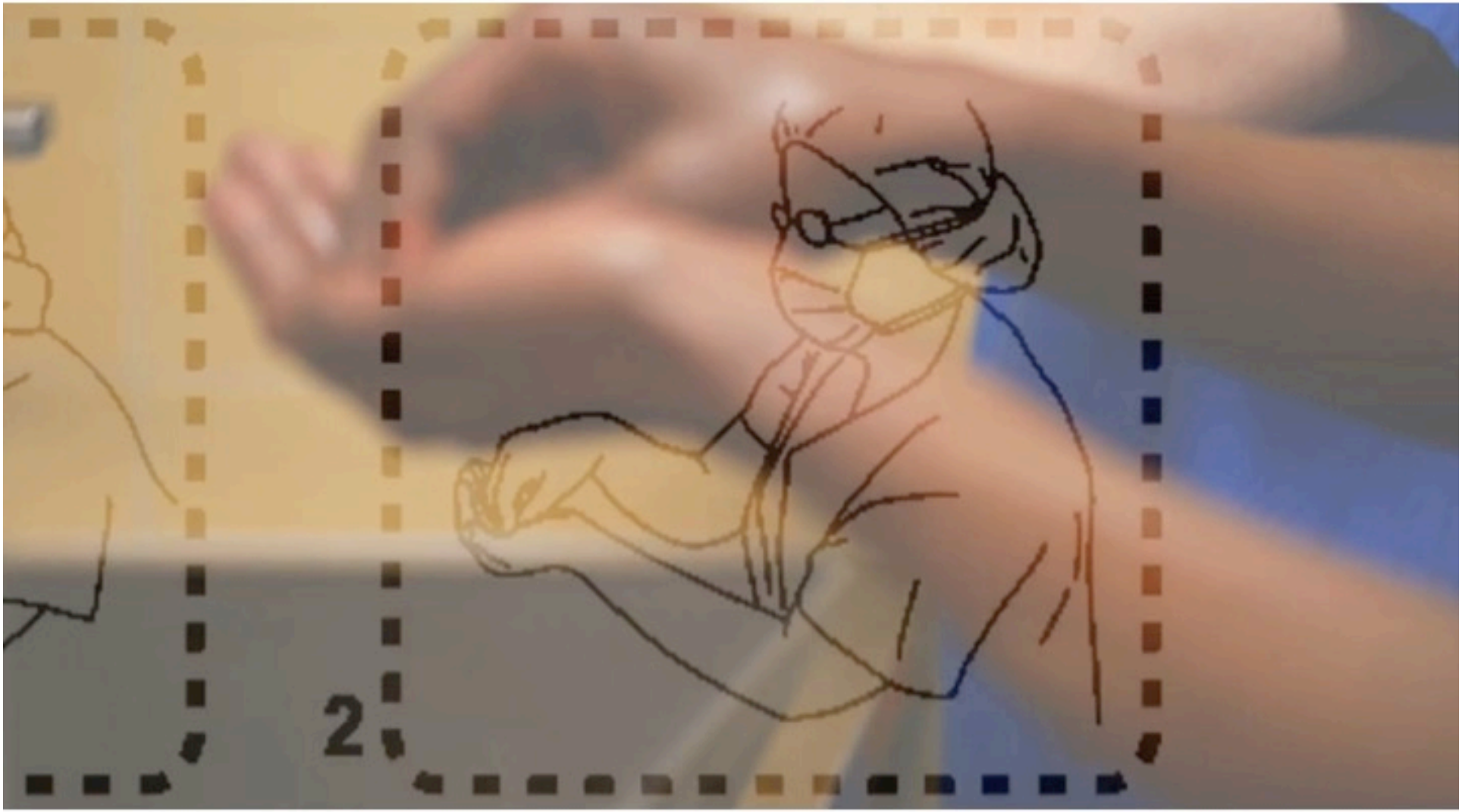

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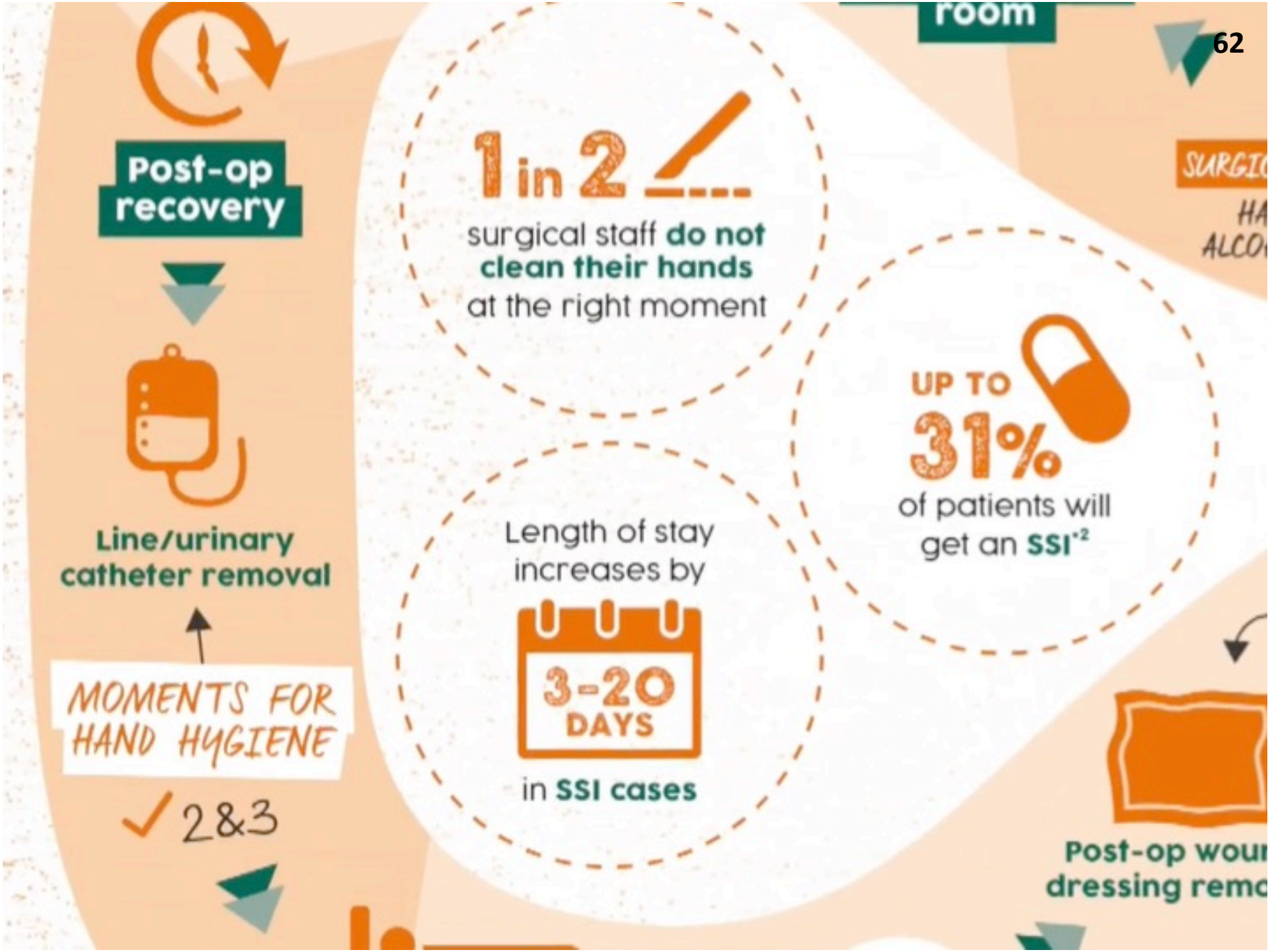
« Où suis-je ?….
L'opération est-elle terminée? »


room
Post-op recovery
1 in 2
surgical staff do not clean their hands at the right moment
UP TO 31%
of patients will get an SSI[1,2]
Length of stay increases by
3-20 DAYS
in SSI cases
Line/urinary catheter removal
MOMENTS FOR HAND HYGIENE
✓ 2&3
Post-op wou
dressing remo

Salle de réveil

www.tinyurl.com/5momentsSurgery

Contrôle de la douleur en salle de réveil

www.tinyurl.com/5momentsSurgery

www.tinyurl.com/5momentsSurgery

Manipulation des « devices »

www.tinyurl.com/5momentsSurgery

My 5 Moments for Hand Hygiene

Focus on caring for a patient with a Urinary Catheter

CLEAN YOUR HANDS WHEN HANDLING A URINARY CATHETER AND DRAINAGE SYSTEM

Immediately before any manipulation of the urinary catheter or drainage system that could lead to contamination of the sterile urine, such as:

2a. Inserting or applying an indwelling, intermittent straight, or condom catheter; immediately before putting on sterile gloves

2b. Accessing the drainage system to collect a urine sample or to empty the drainage bag

WHY? To protect the patient against harmful germs, including the patient's own, from entering his/her body.

CLEAN YOUR HANDS WHEN HANDLING A URINARY CATHETER AND DRAINAGE SYSTEM

Immediately after any task involving the urinary catheter or drainage system that could lead to urine exposure, such as:

3a. Collecting a urine sample

3b. Emptying the drainage bag

3c. Removing the urinary catheter

WHY? To protect yourself and the health-care environment from harmful patient germs.

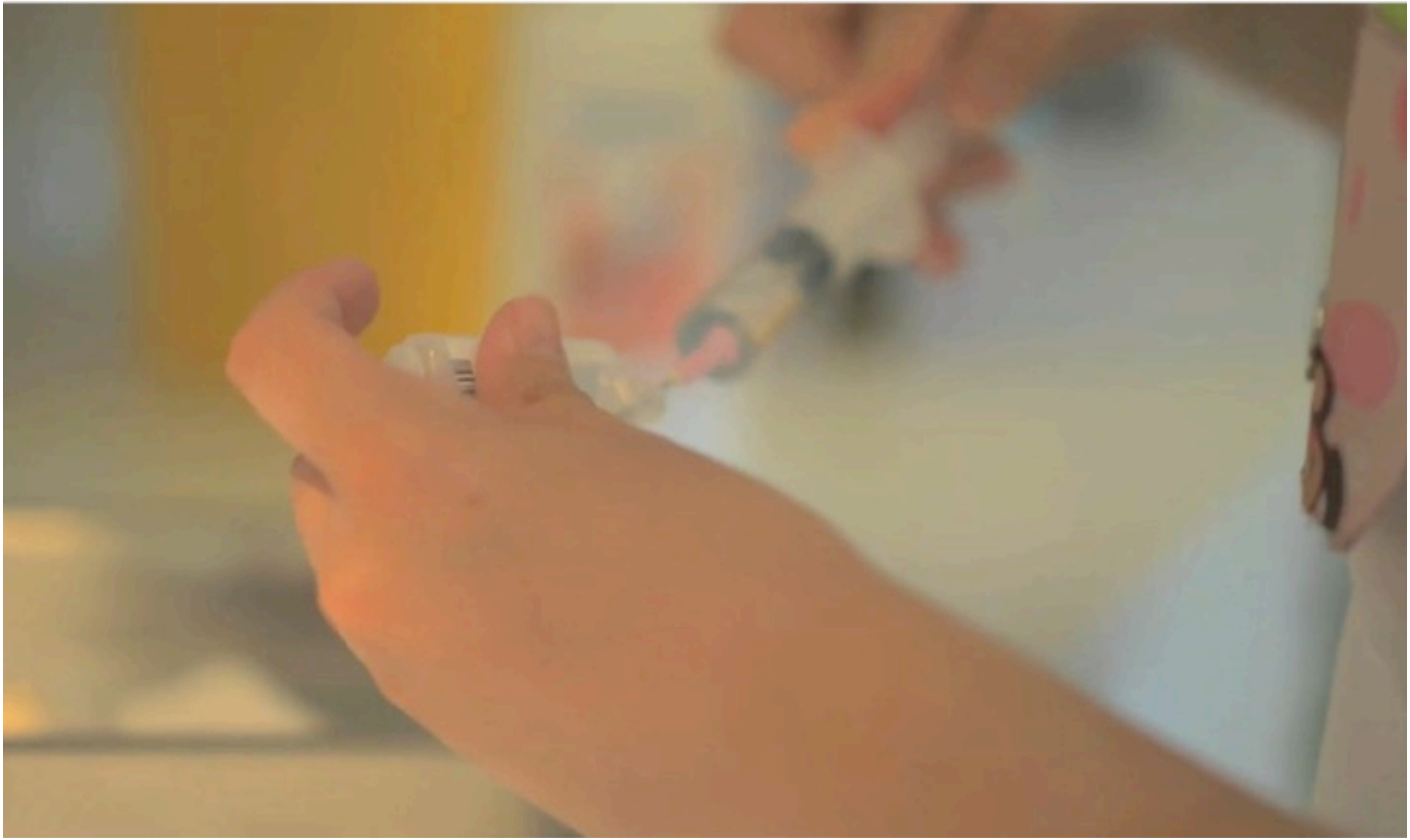
5 KEY ADDITIONAL CONSIDERATIONS FOR A PATIENT WITH A URINARY CATHETER

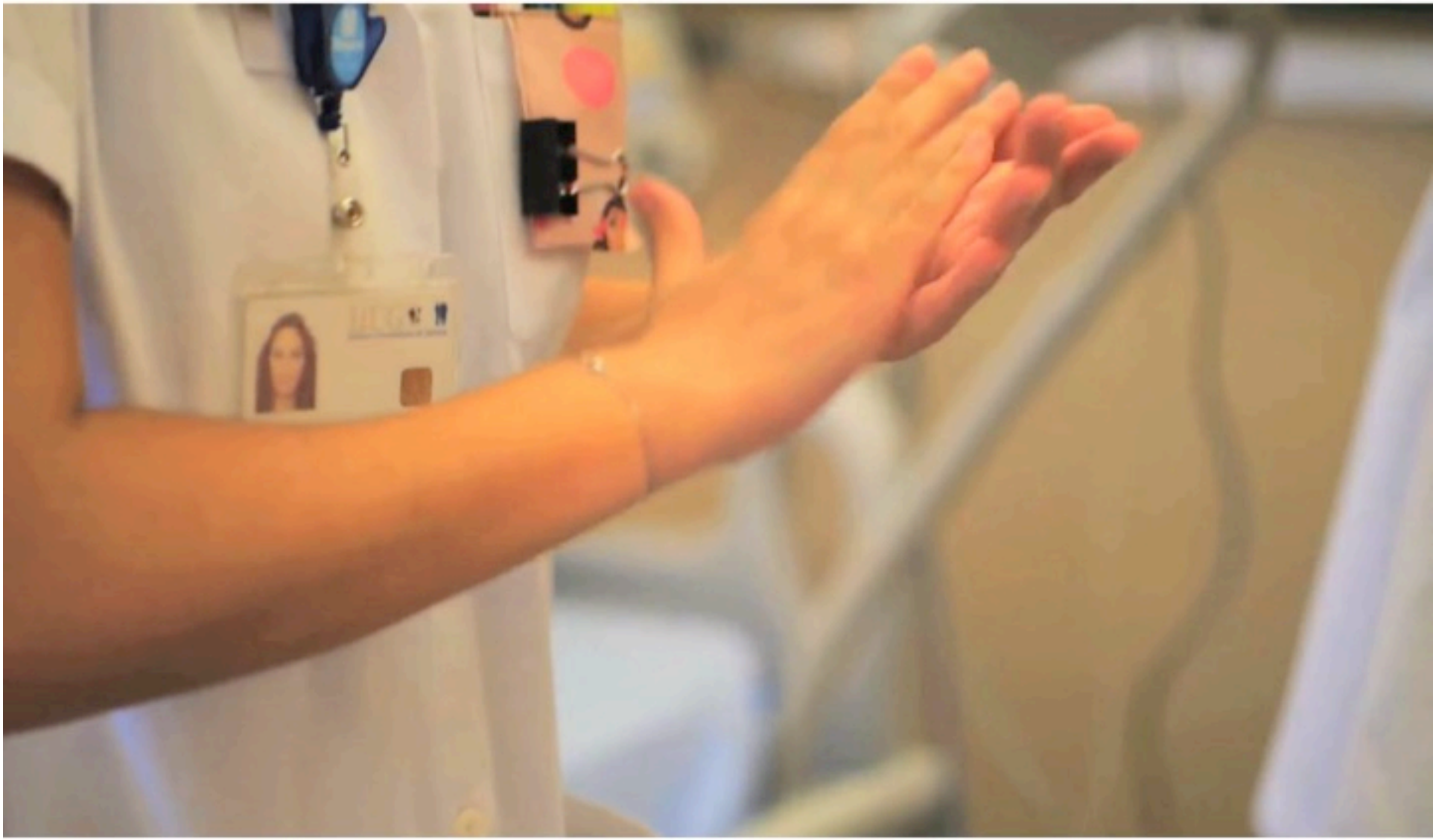
- Make sure that there is an appropriate indication for the indwelling urinary catheter.
- Use a closed urinary drainage system, and keep it closed.
- Insert the catheter aseptically using sterile gloves.
- Assess the patient at least daily to determine whether the catheter is still necessary.
- Patients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

World Health Organization | **SAVE LIVES** Clean Your Hands | **No Action Today No Cure Tomorrow**

www.tinyurl.com/5momentsSurgery

Manipulation des accès vasculaires





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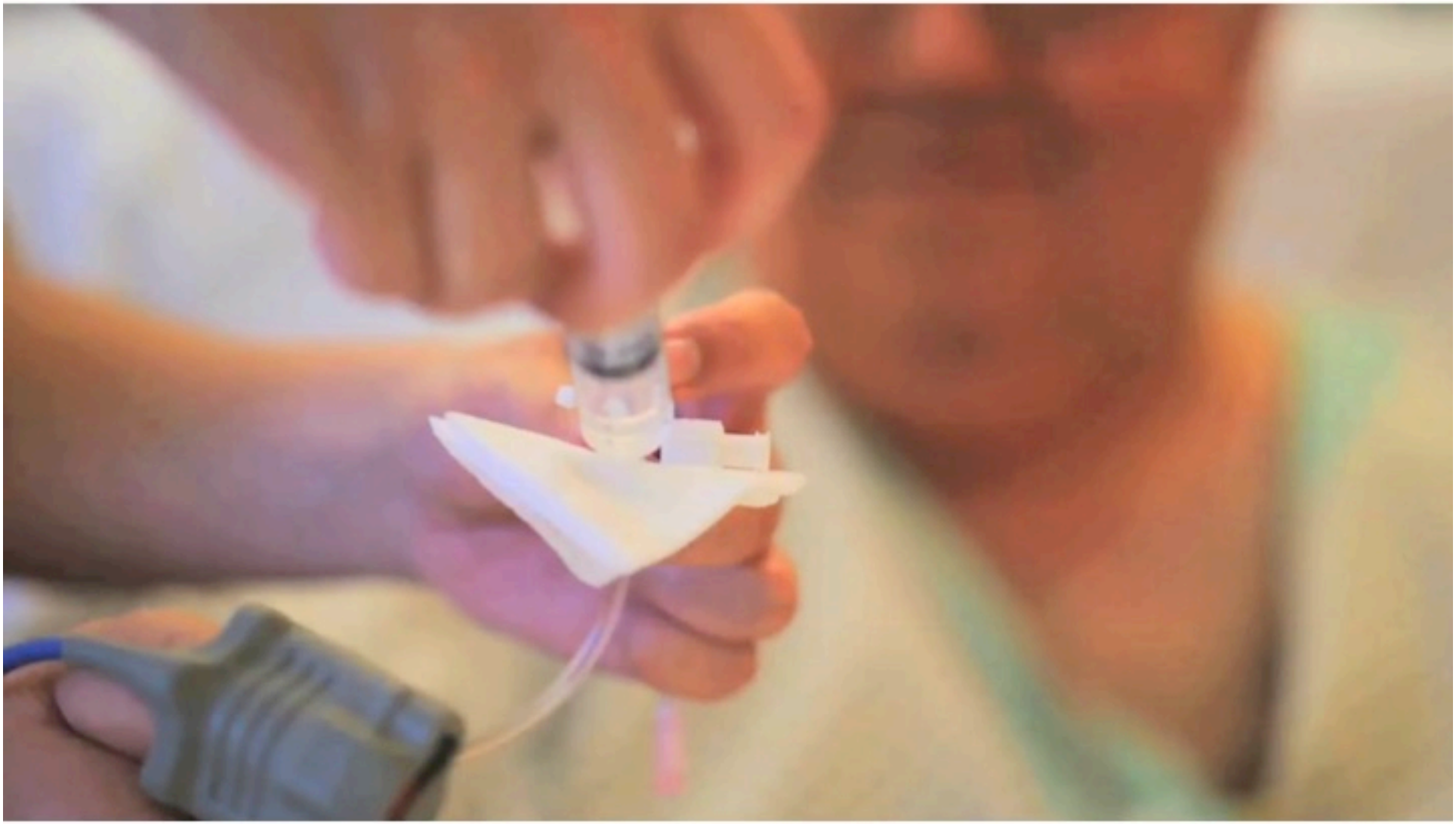


www.tinyurl.com/5momentsSurgery

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

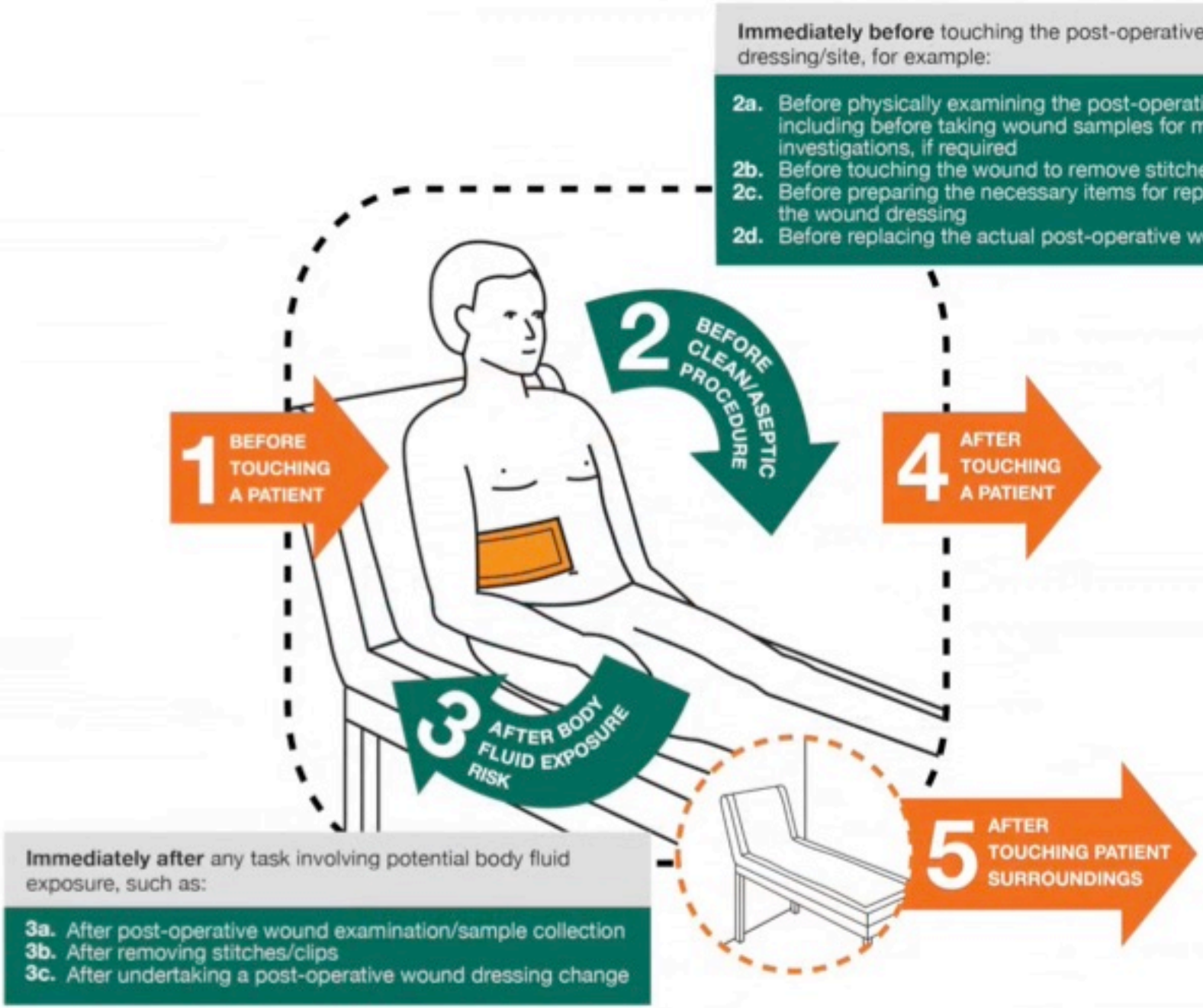
1. Indication: Ensure that a peripheral venous catheter is indicated. Remove the catheter when no longer necessary/clinically indicated.
2. Insertion/maintenance/removal
   2.1 Prepare clean skin with an antiseptic (70% alcohol, tincture of iodine, an iodophor, or alcohol-based 2% chlorhexidine gluconate) 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.

World Health Organization | SAVE LIVES Clean Your Hands | Clean Care is Safer Care 2005-2015

« Quelle est l'étape suivante?.... Risque? »

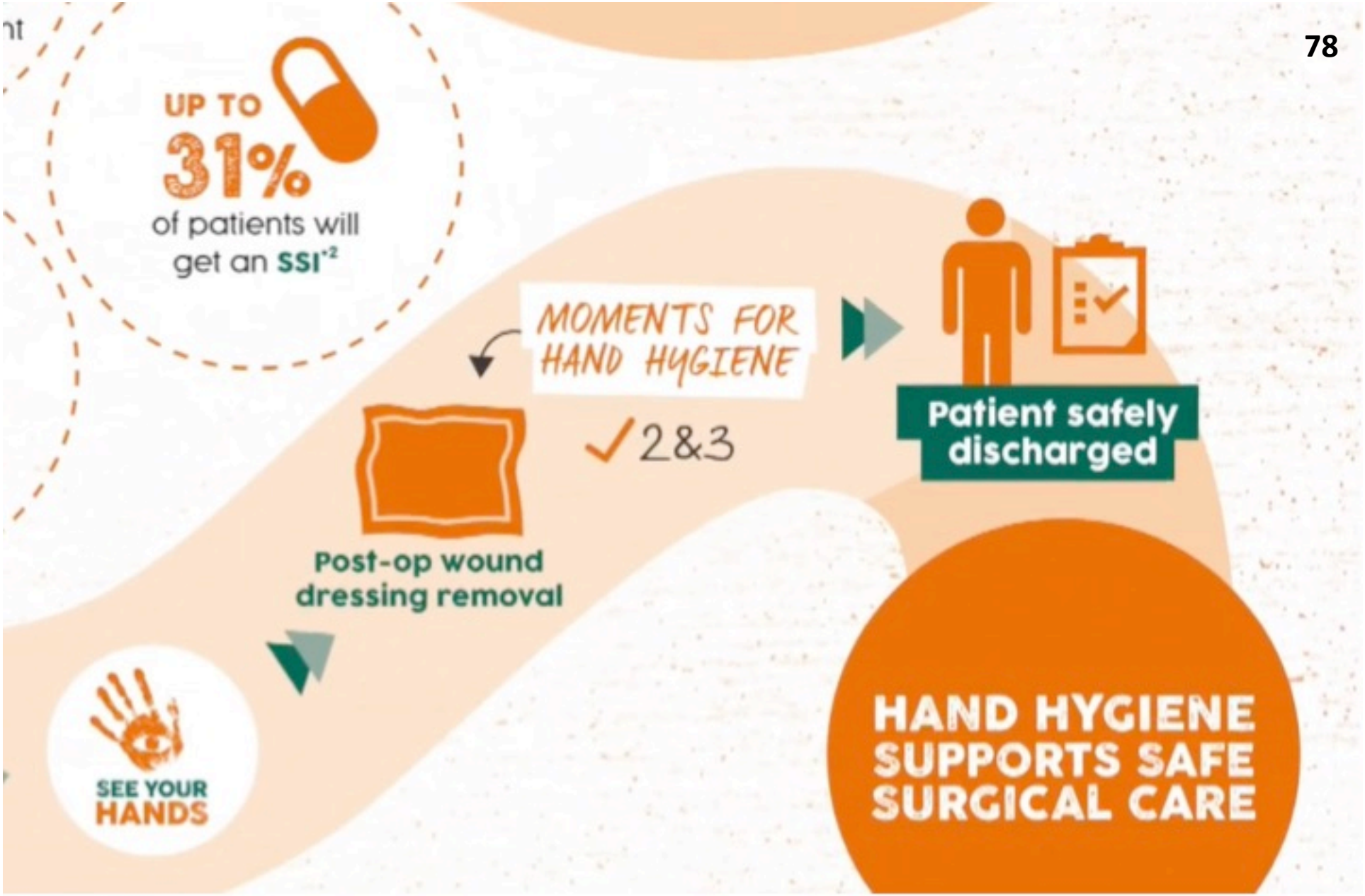
Soins du site chirurgical / plaie

Les soins du site chirurgical requièrent une attention particulière et une pratique optimale des gestes d'hygiène des mains


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
1 BEFORE TOUCHING A PATIENT
2 BEFORE CLEAN/ASEPTIC PROCEDURE
3 AFTER BODY FLUID EXPOSURE RISK
4 AFTER TOUCHING A PATIENT
5 AFTER TOUCHING PATIENT SURROUNDINGS
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

« Visite post-op de mon chirurgien »

www.tinyurl.com/5momentsSurgery


UP TO
31%
of patients will
get an SSI*2
MOMENTS FOR
HAND HYGIENE
✓2&3
Post-op wound
dressing removal
Patient safely
discharged
SEE YOUR
HANDS
HAND HYGIENE
SUPPORTS SAFE
SURGICAL CARE

« Home,
sweet home
… »

« Soins chirurgicaux sûrs tout au long du parcours en chirurgie »

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

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

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

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

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

Bureau des admissions - Chirurgie

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

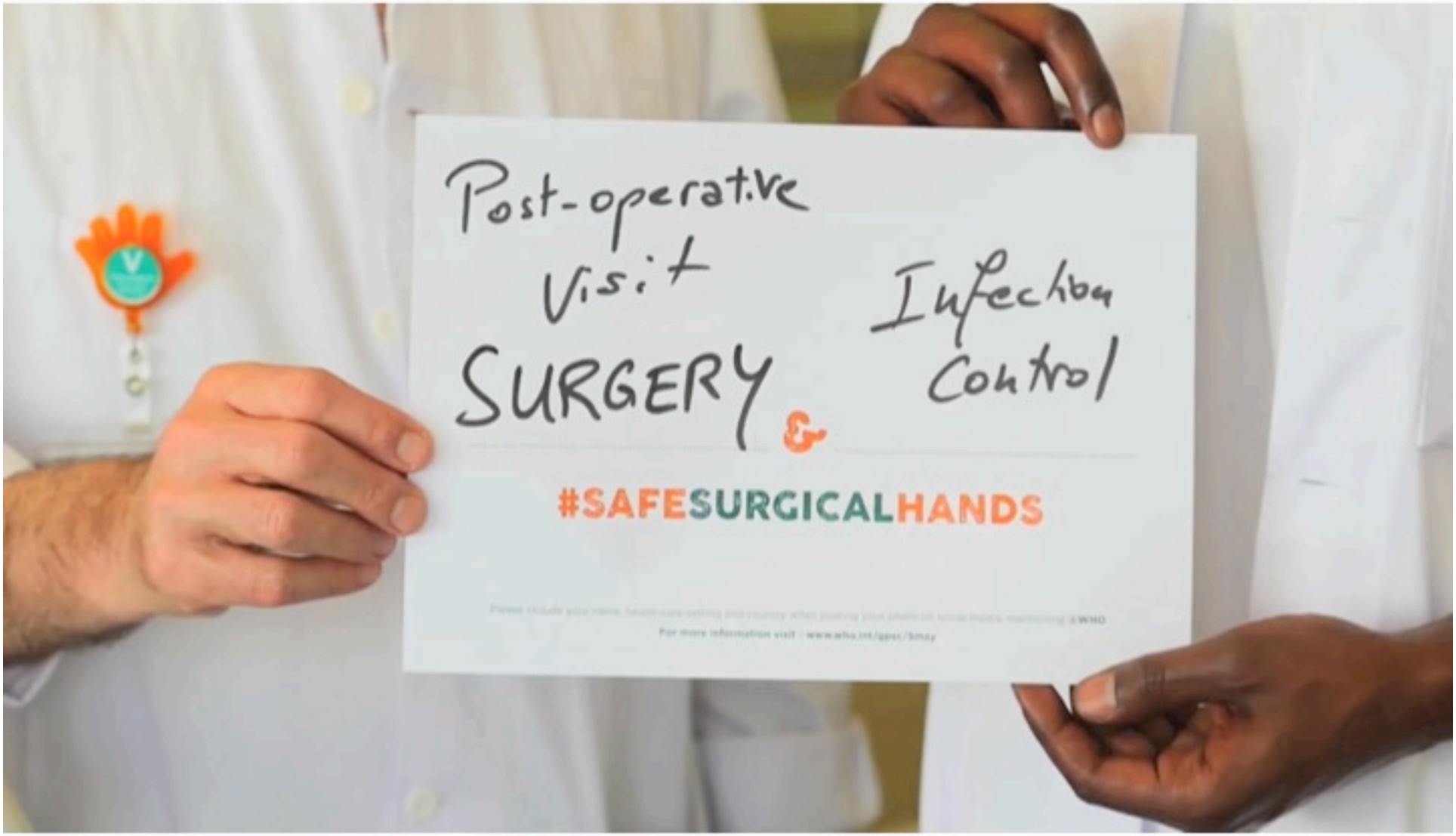
Anesthésiologie

Préparation des mains à la chirurgie

Soins sûrs en salle de réveil

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

Soins pré- et post-opératoires sûrs



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


#SAFESURGICALHANDS
#SAFESURGICALHANDS
#SAFESURGICALHANDS
#SAFESURGICALHANDS

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

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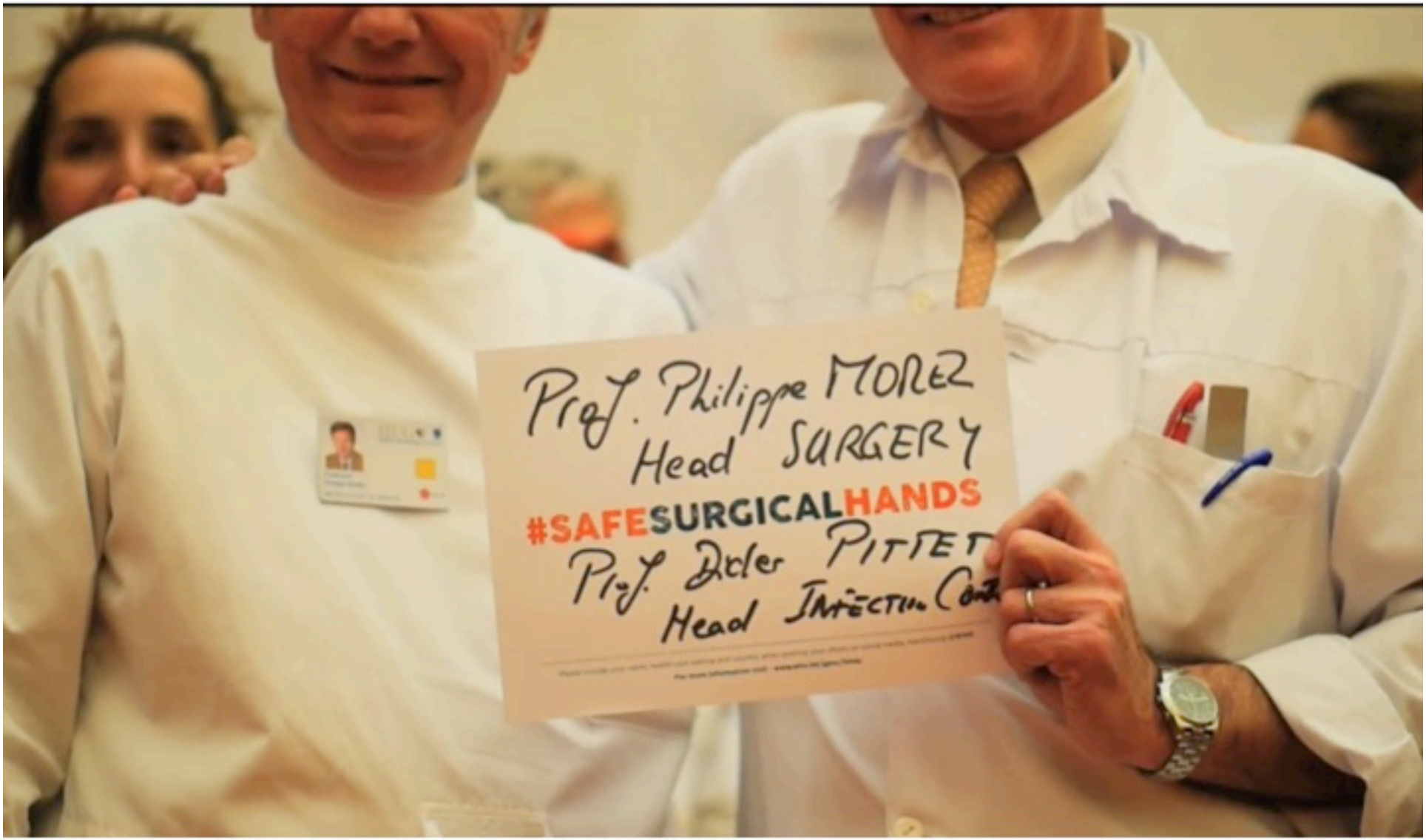


www.who.int/gpsc/5may/EN_PSP_GPSC1_5May_2016/en/

OUTLINE

Fardeau de l'infection du site chirurgical

Le parcours du patient en chirurgie

"SAVE LIVES: Clean Your Hands" 5 Mai dispersion de #safesurgicalhands

Unité centrale de Prévention et Contrôle de l'Infection à l'OMS

Nouvelles guidelines OMS de prévention de l'infection du site chirurgical (ISC)

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/

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

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

“Leaders” en soutien de la campagne

“Leaders” en soutien de la campagne

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

WHO Eastern Mediterranean Region

Chirurgiens leaders au Ghana

Activités régionales et nationales en France

Mexico

Traduction des outis en hongrois, bulgare et autres langues
Activités en Sierra Leone et Western Pacific Region


eNews
APIC Association for Professionals in Infection Control and Epidemiology
SAVE LIVES: Clean Your Hands—May 5, 2016
SEE YOUR HANDS
Improving hand hygiene practices in all surgical services through the continuum of care—from surgical wards, to operating theaters, to outpatient surgical services—is the primary focus of this year's "5 May" campaign sponsored by the World Health Organization.
Learn more.


APECIH
Associação Paulista de Epidemiologia e Controle de Infecção Relacionada à Assistência à Saúde
Faça seu login ou cadastre-se
Sua conta
SAVE LIVES: Clean Your Hands 5 May 2016


Centre for Health Protection
Hand Hygiene Awareness Day 5 May 2016
See Your Hands
See Your Hands – Hand Hygiene Supports Safe Surgical Care
Hand Hygiene is the single most important measure to prevent infections. In 2005 Hong Kong has pledged support to the World Health Organization (WHO)'s first Global Patient Safety Challenge: Clean Care is Saver Care, by actively promoting hand hygiene in both health care setting and in the community. From 2010 onwards, Hand Hygiene Awareness Day is marked annually on 5 May in Hong Kong, in support of the WHO's SAVE LIVES: Clean Your Hands initiative which aims to raise the public awareness of good hand hygiene.


Drug And Medical Supply Information Center, Ministry of Public Health
SAVE LIVES: Clean Your Hands 5 May 2016
SEE YOUR HANDS


ips Infection Prevention Society
International Calls for Action
World Health Organisation SAVE LIVES: Clean your hands, every 5th May


Join WHO's SAVE LIVES: Clean Your Hands 5 May 2016 Campaign!
Click Here!


IFIC
International Federation of Infection Control
To facilitate international networking in order to improve the prevention and control of healthcare associated infections worldwide
Join WHO's SAVE LIVES: Clean Your Hands 5 May 2016 campaign

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 :

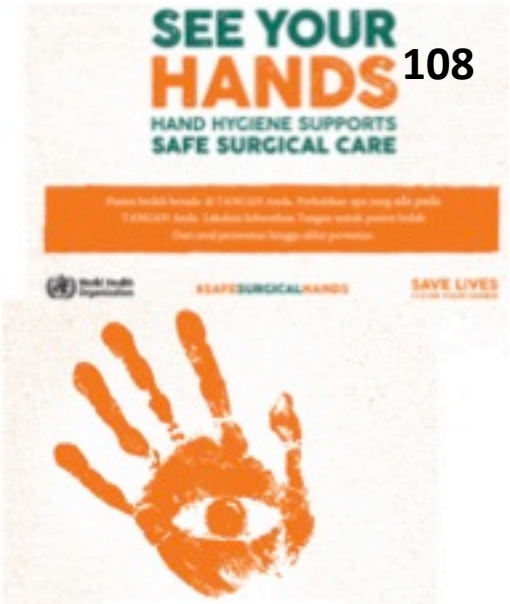
- Landing page
- Educational Materials
- Translations
- Social media presence
- Press releases

.....

Private Organizations for Patient Safety


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


KEY ADDITIONAL CONSIDERATIONS FOR POST-OPERATIVE WOUNDS


SEE YOUR HANDS
HAND HYGIENE SUPPORTS SAFE SURGICAL CARE
#SAFESURGICALHANDS
SAVE LIVES


Infection Prevention a retweeté
Thomas Hennig @henntech · 26 avr.
Preparing for 5th May #safesurgicalhands @DiderPittet @bbraun_ip


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


MÀY NHÌN
ĐÔI TAY CỦA BẠN
THỰC HIỆN VỆ SINH TAY
AN TOÀN TRONG PHẪU THUẬT


Ecolab
The Polish Nephrology Assoc. of Nurses joined campaign #safesurgicalhands at the
workshop @GLOBAL_POPS @WH


JOIN HANDS FOR SAFE SURGICAL CARE
SEE YOUR HANDS, 5 May 2016
www.who.int/gpsc/5may
#SAFESURGICALHANDS
SAVE LIVES


MÀY THAM GIA VỆ SINH TAY
AN TOÀN TRONG PHẪU THUẬT


Private Organizations for Patient Safety

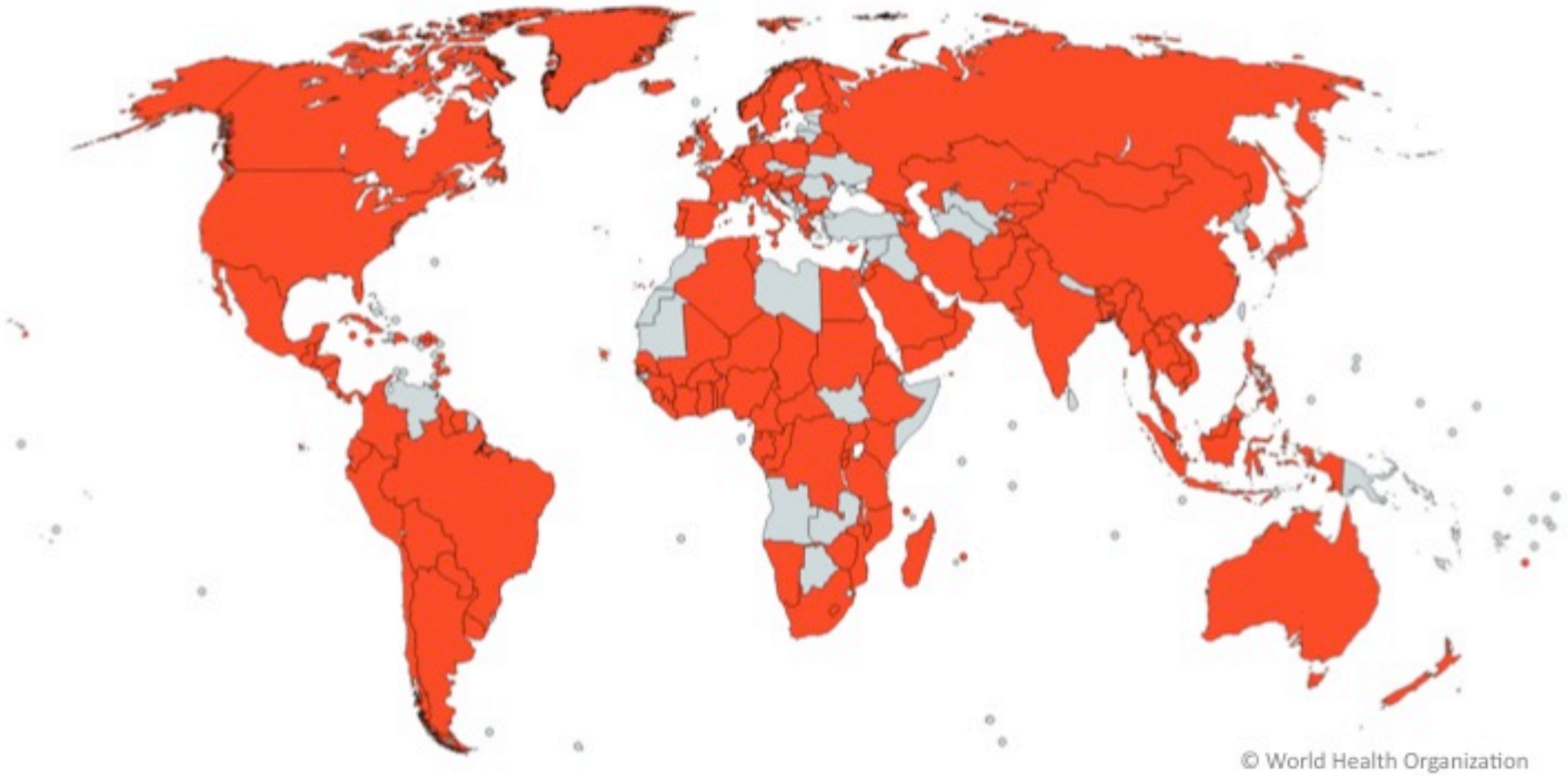
JOIN US!

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

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

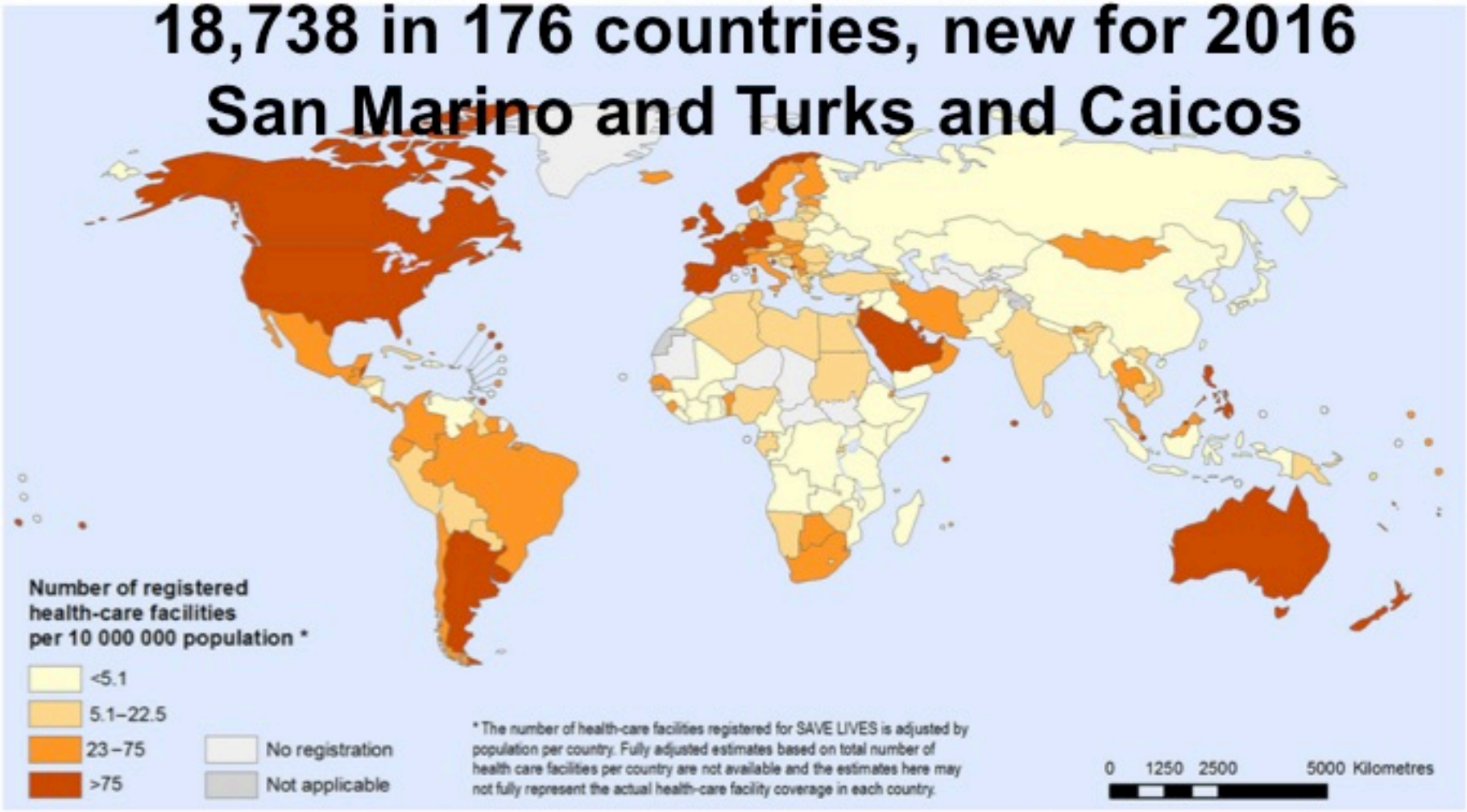
140 countries committed to address health care-associated infection

World population coverage : > 95 %



Countries committed Oct 2005 – 4 May 2016

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



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

World Health Organization

Get ready this year again !

Hanrub technique to practice

Make sure staff practice in advance

JOIN US!

All info: www.tinyurl.com/HHRelay

Send your photos and videos at:

CleanHandsSaveLives.org

handhygienerelay@cleanhandssavelives.org


Chiến Dịch Vệ Sinh Tay
2015


Mashhad,
Iran, 2015

HUG
Hôpitaux Universitaires de Genève
University of Geneva Hospitals
and Faculty of Medicine, Geneva, Switzerland

WHO Collaborating Centre
on Patient Safety
Infection Control & Improving Practices

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

World Health Organization

Patient Safety
A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

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, this 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/gpsc/5may/tools/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: Inadequate, Basic, Intermediate and Advanced.

Inadequate: 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 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.

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 available.

Within the Framework you will find a column called "WHO implementation tools" listing the tools made available from the WHO First Global Patient Safety Challenge to facilitate the implementation of the WHO Multimodal Hand Hygiene Improvement Strategy (http://www.who.int/gpsc/5may/tools/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.

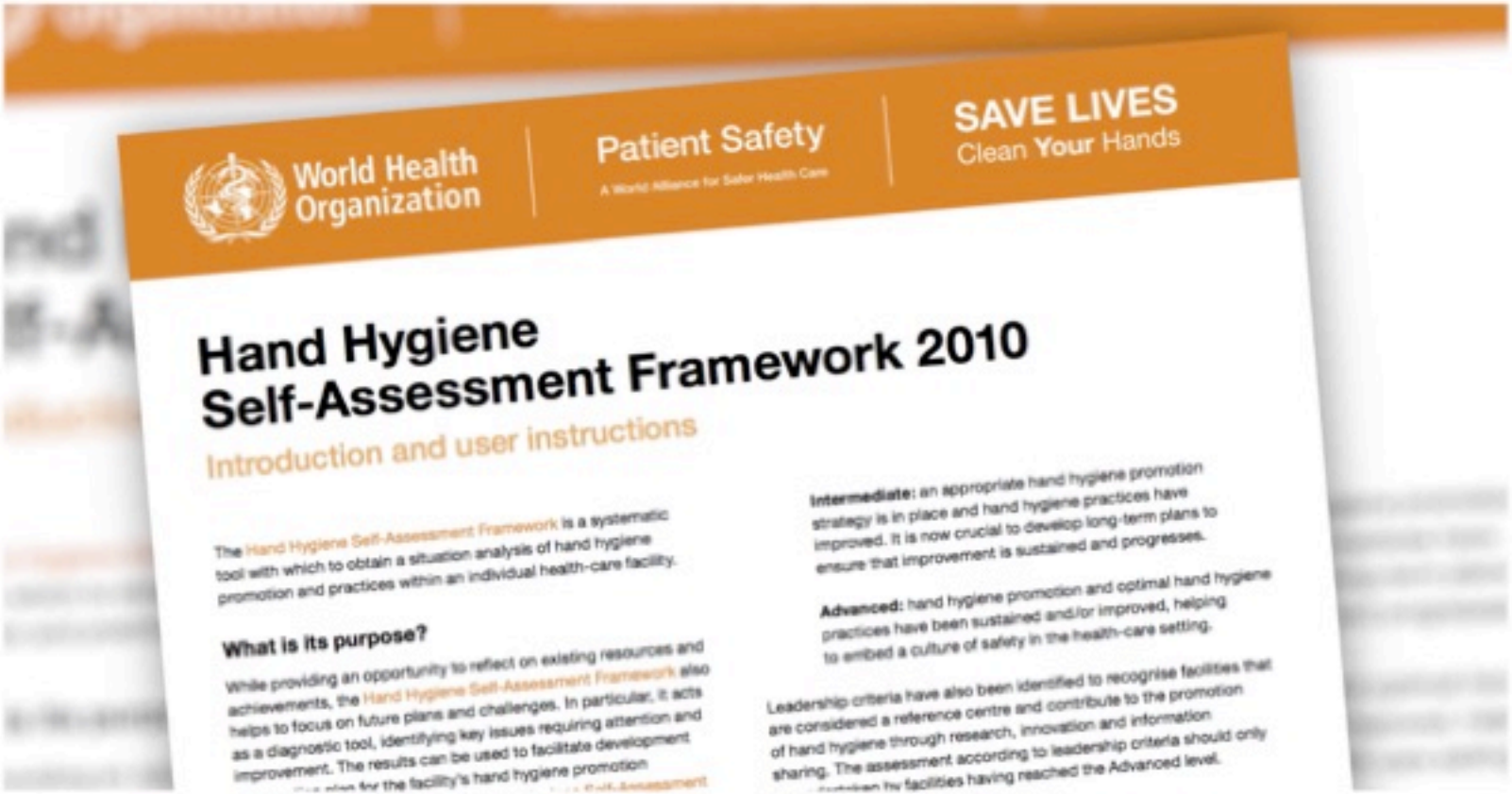
Is the Hand Hygiene Self-Assessment Framework suitable for inter-facility comparison?

Health-care facilities or national bodies may consider adapting this tool for external comparison or benchmarking. However, this was not a primary aim during the development of this tool. In particular, we would draw attention to the risks inherent in using a self-reported 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 essential to consider these limitations if inter-facility comparison is to be undertaken.

Survey OMS 2015
Hand Hygiene Self-Assessment
Resultats préliminaires

- De Juin 2015 à Janvier 2016, les hôpitaux et institutions ont été invités à participer au 2e “survey OMS” de mesure du” Hand Hygiene Self-Assessment Survey (HHSAF)”
- Un site dédié et protégé a été utilisé online
- Soumission par email possible
- Staff OMS assigné à l’entrée de données et au contrôle de qualité

www.tinyurl.com/HHSAFsurvey



WHO Hand Hygiene Self-Assessment Framework Global Survey 2015

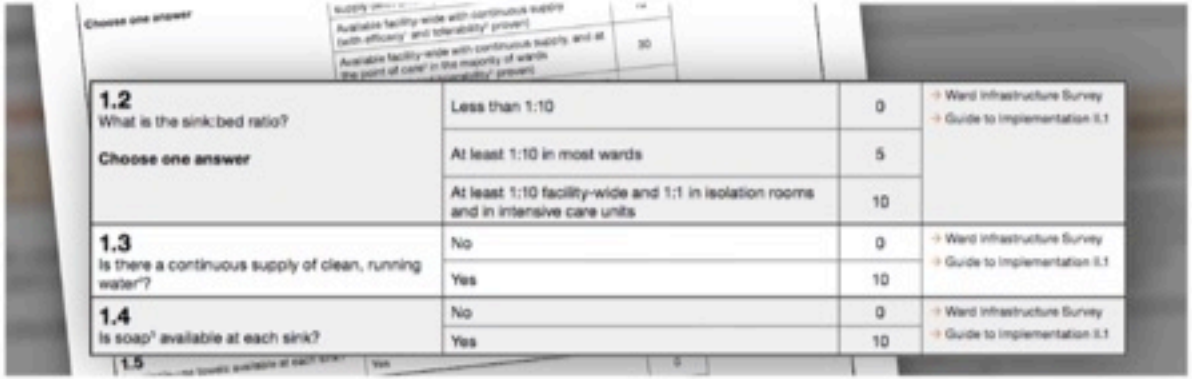
Interprétation du score “HHSAF”

- Score maximal: 500 points
- **“Inadequate”** (score 0-125): Amélioration requise absolument
- **“Basic”** (score 126-250): Amélioration requise
- **“Intermediate”** (score 251-375): Important de développer des plan d’actions à long terme pour assurer la perennité
- **“Advanced”** (score 376-500): la promotion de l’hygiène des mains et des pratiquesde soins optimales doivent être pérennes et s’inscrire dans la culture institutionnelle de qualité des soins. Le modèle de la promotion de l’hygiène des mains est utilisé comme exemple pour d’autres projets liés à la sécurité des patients

www.tinyurl.com/HHSAFsurvey

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

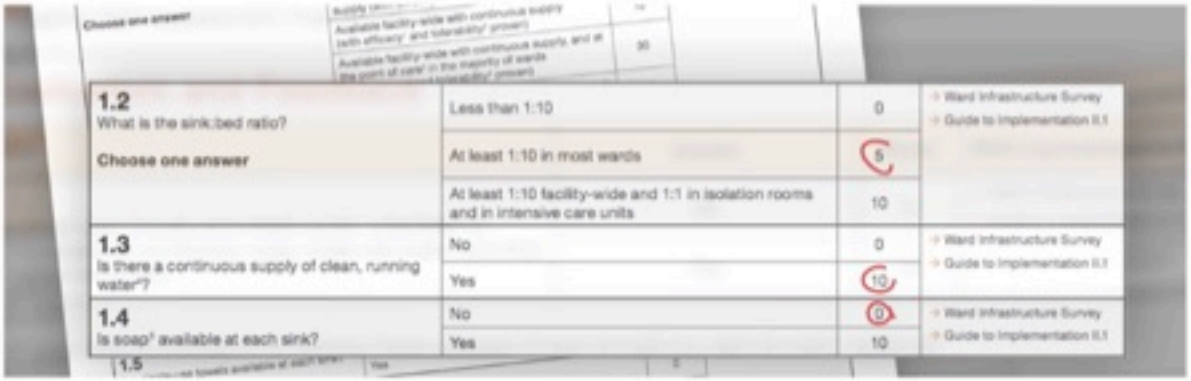
www.tinyurl.com/HHSAFsurvey



1.2 What is the sink:bed ratio? **Choose one answer**	Less than 1:10	0	Ward Infrastructure Survey; Guide to Implementation II.1
	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 II.1
	Yes	10	
1.4 Is soap[†] available at each sink?	No	0	Ward Infrastructure Survey; Guide to Implementation II.1
	Yes	10	

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

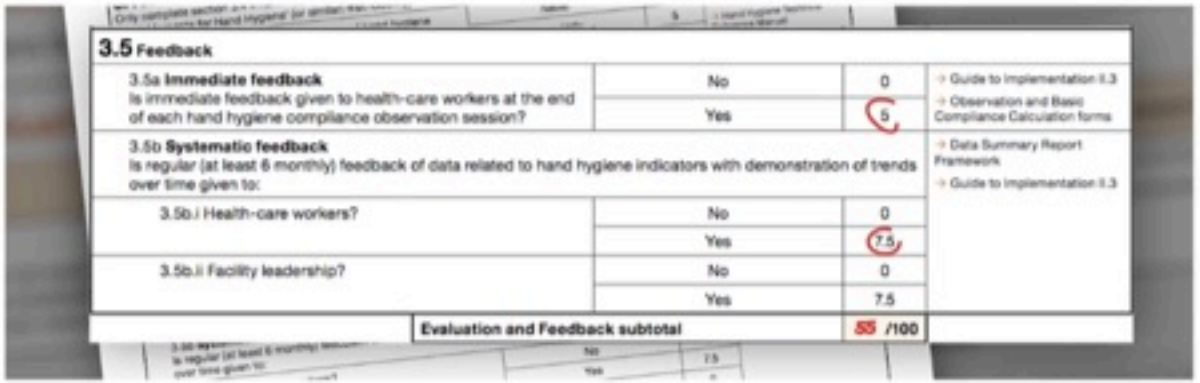
www.tinyurl.com/HHSAFsurvey



1.2 What is the sink:bed ratio? **Choose one answer**	Less than 1:10	0	Ward Infrastructure Survey; Guide to Implementation II.1
	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[1]?	No	0	Ward Infrastructure Survey; Guide to Implementation II.1
	Yes	10	
1.4 Is soap[2] available at each sink?	No	0	Ward Infrastructure Survey; Guide to Implementation II.1
	Yes	10	

WHO Hand Hygiene Self-Assessment Framework Global Survey 2015

www.tinyurl.com/HHSAFsurvey



3.5 Feedback			
3.5a **Immediate feedback** Is immediate feedback given to health-care workers at the end of each hand hygiene compliance observation session?	No	0	→ Guide to Implementation II.3 → Observation and Basic Compliance Calculation forms
	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:			→ Data Summary Report Framework → Guide to Implementation II.3
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

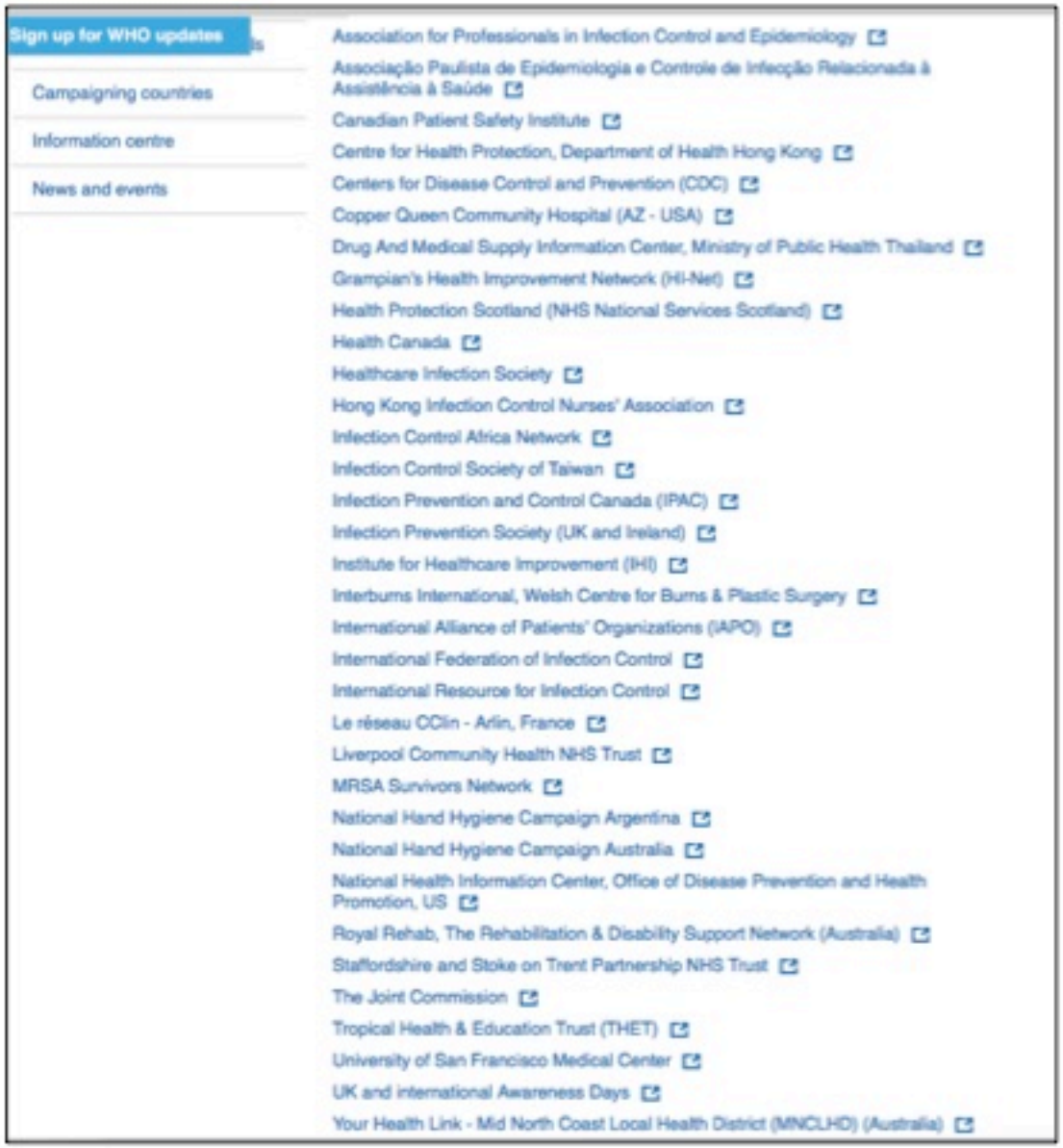
http://www.who.int/gpsc/5may/hhsa_framework-2015/en/

Survey OMS 2015 – Resultats

- Score moyen: *intermediate*
- La majorité des institutions: *intermediate* or *advanced* (87%)
- Proportion élevée – critères de *leadership* (79%)
- Les scores les plus bas sont associés à: "evaluation and feedback" and "institutional patient safety climate"
- Score moyen le plus bas: région Afrique (280.9 $\pm$ 127.3) données récoltées de 60 institutions
- Score moyen le plus élevé: Région Asie/Sud Est (420.6 $\pm$ 77.6) données récoltées de 231 institutions

Rapport complet disponible:http://www.who.int/gpsc/5may/EN_PSP_GPSC1_5May_2016/en/

Beaucoup de personnes à remercier– voir WHO Voir web pages – MERCI !



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


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

Hand Hygiene
Self-Assessment Framework 2010

Introduction and user instructions

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

Teaser
www.tinyurl.com/CleanHandsEngl

OUTLINE

Fardeau de l'infection du site chirurgical

Le parcours du patient en chirurgie

"SAVE LIVES: Clean Your Hands" 5 Mai dispersion de #safesurgicalhands

Unité globale de Prévention et Contrôle de l'Infection à l'OMS

Nouvelles guidelines OMS de prévention de l'infection du site chirurgical (ISC)

Unité Centrale de Prévention et Contrôle de l'Infection de l'OMS

Unité Centrale de Prévention et Contrôle de l'Infection de l'OMS
VISION ET MISSION

VISION

Protéger les vies des patients et des soignants dans le monde par l'excellence des pratiques de Prévention et Contrôle de l'Infection (PCI)

MISSION

L'Unité Centrale PCI de l'OMS se charge de porter le domaine au sommet des agendas politiques des pays, en promouvant l'innovation, les recommandations techniques et la coordination globale, dans le but de réduire la problématique liée aux infections et à la résistance aux agents anti-microbiens dans le domaine de la santé, tout en proposant des solutions nouvelles aux problèmes d'actualité.

Prévention et Contrôle de l'Infection (PCI)

- PCI a un rôle fondamental dans le domaine de la sécurité des patients et du renforcement des systèmes de santé en tant que valeur universelle

- Le renforcement PCI sera un facteur determinant pour :
  - **Achever le plan d'action global de lutte contre la résistance aux** antimicrobiens
  - **Préparer et répondre aux épidemies**
  - Mettre en oeuvre des plans de renforcement des systèmes de santé dans les pays affectés par Ebola
  - Mettre en oeuvre le Règlement Sanitaire International
  - Assurer la qualité dans le contexte de la couverture universelle des soins
  - Amélioration de la securité des patients et des soignants
  - Mettre en oeuvre l'objectif stratégique no5 de la stratégie mondiale OMS "**integrated people-centered health services**"

SSI prevention is complex…

Unité Centrale de PCI de l'OMS – FONCTIONS

- Leadership et coordination
- Mise en place de campagnes
- Guides techniques, recommendations et outils de mise en oeuvre
- Renforcement des capacités PCI
- Evaluation et monitorage

Unité Centrale de Prévention et Contrôle de l'Infection de l'OMS - OBJECTIFS (1)

1. Role de **leadership** transversal en matière de recommendations et de **sensibilisation de la conscience politique, des soignants, du public et des parties prenantes**
2. **Développer** des guides techniques, des standards et des stratégies de mise en oeuvre pour faciliter les changements de comportement et cibler un public varié
3. **Renforcer PCI** au cours des soins, en priorisant les procedures cliniques à haut risque de transmission microbienne (par exemple hygiène des mains,chirurgie, utilisation des dispositifs invasifs)

Unité Centrale de Prévention et Contrôle de l'Infection de l'OMS - OBJECTIVES (2)

4. Renforcer l'**integration entre PCI et sécurité des patients dans une perspective centrée sur le patient**
5. Developer un cadre pour le renforcement de PCI dans tous les pays
6. Fournir un appui technique et un role de coordination en faveur d'autres programmes au sein des Nations Unies
7. Améliorer les stratégies d'évaluation et monitorage

Travailler dans le contexte des trois niveaux de l'OMS

Unité Centrale de Prévention et Contrôle de l'Infection
VOLEES TECHNIQUES 2015-17

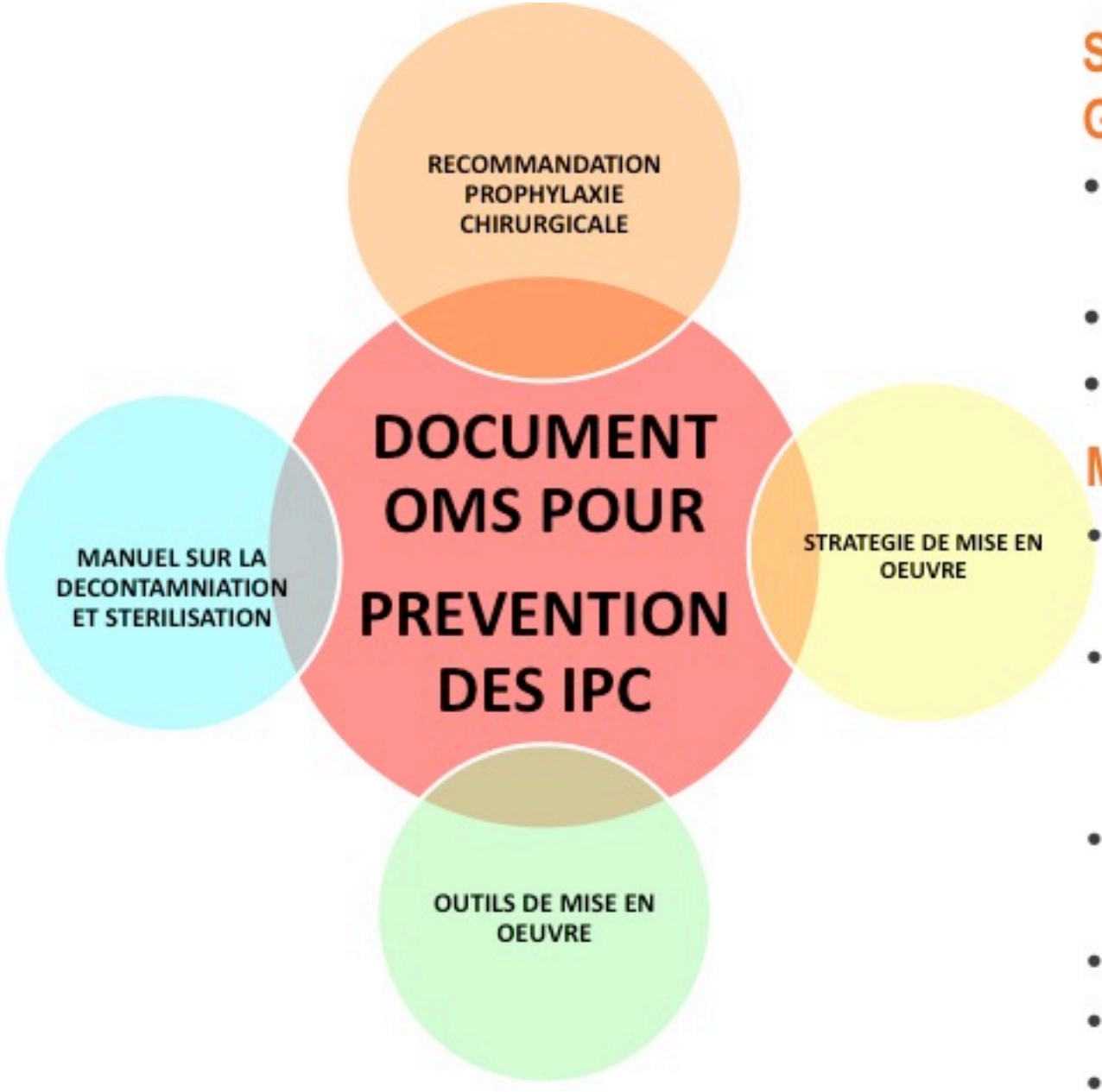
- Hygiene des mains
- Fardeau du problème des infections associées aux soins (IAS)
- Prévention des infections chirurgicales et liées aux dispositifs invasifs
- Sécurité des injections
- Lutte contre la résistance aux agents antimicrobiens
- Riposte contre les épidémies et activités de résilience
- Support aux pays pour le renforcement des stratégies PCI
- Prévention de la sepsis et des infections liées au cathéters

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. Reduire l' incidence des infections par des approches efficaces en PCI , eau et assainissement,	• PCI au cours des soins • Prévention dans la communauté • Prévention dans le domaine vétérinaire et de la sécurité alimentaire
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

Recommendations pour la prévention des infections de la plaie chirurgicale Perspectives de l'OMS

- Nécessité de recommendations récentes et basées sur l'évidence
- Leçons tirées de l'expérience des recommendations sur l'hygiène des mains: besoin d'une approche globale
- Valides pour tous les pays, mais avec des perspectives adaptées en fonction des resources disponibles
- Stratégies et outils de mise en oeuvre et approches de la surveillance, basées sur d'autres projets y inclus la checklist OMS pour la sécurité en chirurgie



SSI Prevention Guidelines - OMS

- **30** revues syst. & meta-analyses
- **26** recommendations
- **29** chapitres

Mise à jour sur:

- Temps et durée de la prophylaxie chirurgicale
- Utilisation des antibiotiques avec drainage
- Décolonisation des porteurs de *S. aureus*
- Contrôle de la glycémie
- Contrôle de la volémie
- Oxygènation
- Irrigation de la plaie
- Sutures antimicrobiennes

Abstracts présentés à 26ème ECCMID, Amsterdam 2016

« Let's enjoy the priviledge to work as a team… »


Suivre et “like”
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#SafeSurgicalHands
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Linked in
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