



### **Policy for Hand Hygiene Educational and Motivational Program**

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## **1. Introduction**

The Health care-associated infection (HCAI) places a serious disease burden and has a significant economic impact on patients and healthcare systems throughout the world. Yet good hand hygiene(HH), the simple task of cleaning hands at the right times and in the right way, can save lives, not to mention that it is the most effective measure of preventing and controlling HCAI.

HH improvement is achieved by implementing multiple actions to tackle different obstacles and behavioural barriers. Based on the evidence and recommendations from WHO, a number of components make up an effective multimodal strategy for HH. The key components of the strategy include System Change, HH Training and Education, Evaluation and Feedback, Reminders in The Workplace and Improved Institutional Safety Climate.

## **2. Purpose**

- 2.1** Facilitate local implementation and evaluation of a strategy to improve HH and thus reduce HCAI at individual health-care facilities irrespective of their starting point.
- 2.2** Improve HH compliance rate among health-care personnels (HCPs). the target goal is improving HH compliance rate above the current health-care facility baseline by 3-5% for the first year, 5-10% for the next 1-5 years and 15% by 8 years.

## **3. Scope**

The policy applies to all HCPs in Kuwait governmental healthcare settings.

## **4. Key element for HH strategy**

### **4.1 System change**

#### **4.1.1 Definition and overview**

System change is a vital component in all health-care facilities to ensure that the health-care facility has the necessary infrastructure in place to allow HCPs to perform HH.

The system should have the following:

- Sinks for hand washing available in each clinical setting, the sink/patient-bed ratio is well above 1:10.
- A safe water supply is always available,
- Antiseptic disinfectant and disposable (single use) paper towels are available at each sink. The best type of dispensers will need to be procured, and advice on the safe re-use of dispensers should be followed. Dispensers should be available at the point of care, well-functioning and reliably and permanently contain antiseptic disinfectant. They should also be safely mounted, placed and stored.
- Alcohol-based handrub (ABHR) available at each point of care and/or carried by HCPs facility-wide. It is recommended that the ABHR meet recognized

standards for antimicrobial efficacy (ASTM or EN standards) and available in adequate quantities. Pocket bottles should be considered, especially when alcohol ingestion by patients is a potential risk.

- Products are well-tolerated and accepted by HCPs.

#### **4.1.2 Tools for system change**

The tools described here aim at directing and supporting health-care facilities in making prompt and appropriate system changes.

##### **4.1.2.1 Ward infrastructure (*form, see appendix 1*)**

Healthcare facility infrastructure can change frequently; new and/or refurbished wards can appear, as well as changes to supplied products. Therefore, this tool is applicable in variety of circumstances.

**What:** A survey tool that collects data about existing infrastructures and resources

**Why:** Finding out details about the ward infrastructure is useful in terms of explaining current HH compliance rates. This will also help identify priorities for system change and guide the ongoing preparation and revision of action plans.

**Where:** In every clinical setting (ward-critical care unit-outpatient clinic-emergency unit) where an assessment of handwashing (HW) and handrub (HR) facilities must be conducted.

**When:** During the baseline evaluation; annually and at key specified follow-up intervals when an update on this information is necessary

**Who:** The survey should be completed by the HH team members.

**How:** Completion of the form should be undertaken while walking round the setting.

##### **4.1.2.2 ABHR Consumption Survey(*form , see appendix 2* )**

**What:** A monitoring tool that captures the usage of ABHR in healthcare facility.

**Why:** To demonstrate the process of changing demands for HH products, this survey allows calculation of annual trend. Also essential for purchasing to foresee the amount to order.

**Where:** At each inpatient location of the health-care facility as well as ambulatory haemodialysis clinic.

**When:** Initially during baseline evaluation and monthly throughout HH program. Consumption rate shall be calculated monthly and the trend shall be observed every six month period.

**Who:** The tool should be used mainly by infection control/ HH team of the facility. This task needs cooperation with the pharmacy, central supply and the nursing departments.

**How:** Via a monitoring sheet / protocol with blank fields to be filled in by HH team member.

## **4.2 Training**

### **4.2.1 Training program**

All HCPs require full training / education on the importance of HH, the "My 5 Moments for Hand Hygiene" approach and the correct procedures for hand washing and hand rubbing. Such training / education aims to induce behavioural and cultural change and ensure that competence is deep rooted and maintained among all staff in relation to hand hygiene. Each facility should establish a robust program of education on hand hygiene and provide regular training to all HCPs, including new starts as well as regular updates and competency checks of existing and previously-trained staff.

Training is mandatory and annual certificate documenting the attendance of HH training session shall be given.

### **4.2.2 Buddying**

A "buddy" system shall be implemented in which each new HCP is coupled with an established, trained HCP who takes responsibility for:

- Highlighting the importance of HH and explaining the "My 5 Moments for HH" approach.
- Explaining the facility's HH initiatives/policies and guidelines (and any penalties/rewards for non-compliance/compliance)
- Sharing the facility's data that shows the improvements that have been made to HH and the impact that this has made on reducing HCAI, morbidity and mortality
- Showing the facility's resources for HH.
- Demonstrating the correct HW and HR techniques.
- Explaining when and how to use gloves.
- Providing the new HCP with relevant information resources and training materials
- Monitoring and evaluating the new HCP's compliance with the "My 5 Moments for HH" approach as part of ongoing observation and feedback loops

Buddy systems may assist in encouraging and motivating both the new and established HCPs to practice optimal HH.

#### 4.2.3 Training Action Plan

Who	When	Where	Tasks	Training resources	Duration	Person(s) responsible for training	Evaluation
Newly graduated doctor	In Surgery training rotation course (KIMS)	- ICD - ICO - Hospital	1. Highlighting the importance of HH  2. Explaining the "My 5 Moments for HH	<ul style="list-style-type: none"> <li>- PowerPoint</li> <li>- Leaflets</li> <li>- Brochure</li> <li>- Poster</li> <li>- HH information resources (WHO Technical Reference Manual- ICD <a href="http://icdkwt.com/index.html">http://icdkwt.com/index.html</a>)</li> </ul>	60-90 min per session	- ICP	HCP Knowledge Survey (Post session)
Newly recruited Nurses and technicians	- Orientation day on first week of recruitment - Buddying	- Hospital	3. Explaining the facility's HH policies and guidelines- HH Technical Reference Manual				
Newly recruited trainee, assistant registrar and registrar	Buddying	- Hospital	4. Showing the facility's resources for HH				
Ongoing assistant registrars and registrars	Annually once through scheduled program approved monthly by the hospital director and the heads of department	- ICO - Hospital	5. Demonstrating the correct HW and HR techniques				
Pharmacists and physicians of all clinical and non clinical departments including radiology, nuclear medicine and laboratories	Annually once through: - Morning meetings - Departmental sessions	- Hospital	6. Explaining when and how to use gloves				
Nurses and technicians of all hospital departments (including laboratories- radiology- nuclear medicine- pharmacy-anesthesia)	Annually once Educational sessions and onsite learning	- Hospital	7. Discussing the Patient Empowerment				
						- ICP - ICN	

<b>Who</b>	<b>When</b>	<b>Where</b>	<b>Tasks</b>	<b>Training resources</b>	<b>Duration</b>	<b>Person(s) responsible for training</b>	<b>Evaluation</b>
Physicians of all other ministry departments including Primary Healthcare and Public Health	Annually once through scheduled program	- ICO - Hospital	From 1 to 7	- PowerPoint - Leaflets - Brochure - Poster - giving the web address of ICD	90 min	- ICP	HCP Knowledge Survey (Post session)
Nurses of all other ministry departments including Primary Healthcare and Public Health	Annually once through scheduled program	- ICO - Hospital	From 1 to 7	- PowerPoint - Leaflets - Brochure - Poster - giving the web address of ICD	90 min	- ICP - ICN	
IC nurses	Annually	- ICD - ICO - Hospital	From 1 to 7 and Train for monitoring HH compliance (observation)	- HH Films and Slides	90 min	- ICP	Discussion
HH trainers and observers	Annually	- ICD - ICO - Hospital	From 1 to 7 and Train for monitoring HH compliance (observation)	- HH Films and Slides	90 min	- ICP	Discussion

HCP: Healthcare personnel  
 HH: Hand Hygiene  
 ICD: Infection Control Directorate  
 ICN: Infection Control nurse  
 ICO: Infection Control office  
 ICP: Infection Control Preventionist  
 KIMS: Kuwait Institute for Medical Specialization.

## **4.2.4 Tools to support the implementation of training**

### **4.2.4.1 Slides for the HH Co-ordinator**

**What** A PowerPoint slides entitled 'Health Care Associated Infection and HH Improvement' to assist HH leaders (e.g. program co-ordinators) in explaining the need for HH.

**Why** To improve HH, it is required to communicate the importance of HH.

**Where** At meetings.

**when** Prior to initiating or implementing HH improvement strategies.

**Who** used by personnel responsible for initiatives to improve HH (HH program co-ordinator)

**How** A slide presentation by the HH coordinator to facility leaders, hospital directors, heads of hospital departments and others, using visual aids.

### **4.2.4.2 Slides for Education Sessions for Trainers, Observers and HCP**

**What** A PowerPoint slide to be used to train the trainers, the observers and HCPs in order to make them aware of the essential learning objectives and the basic principles of HH and the aims and methods of HH observation;

**Why** Because trainers, observers and all HCPs should understand the importance of HH, the "My 5 Moments for HH" approach and the correct procedures for HH.

**Where** At training sessions organised by the facility for:  
- training the trainers      -training the observers  
-educating all HCPs

**When** • At the start of initiating a HH improvement strategy to train the trainers and observers  
• During regular training sessions for all HCPs, including training for new starts and regular updates for previously-trained HCPs.

**Who** Users: Targets:  
-HH program co-ordinator      -trainers      - observers  
- trainers      - all HCPs

**How** A slide presentation in a single training session of approximately 2 hours (excluding the part for observers which requires at least one additional hour) or split into multiple shorter sessions depending on the local situation. More than one session is recommended, especially for the observers who should have an additional session. It is recommended that the HH training films are used during or following the education session, in which case the session duration increases.

#### **4.2.4.3 HH Training Films and Accompanying Slides**

<b>What</b>	• A series of scenarios to help convey the "My 5 Moments for HH" approach and the appropriate technique for HR and HW. • A PowerPoint set to accompany the films and explain the content and educational messages of the different scenarios.		
<b>Why</b>	Because trainers and observer should achieve a solid understanding of the "My 5 Moments" approach. All HCPs within a facility should receive regular training on the importance of HH, indications to perform it and the correct procedures for HH.		
<b>Where</b>	During training sessions organised by the facility for all HCPs.		
<b>When</b>	Following the presentation of the Education Sessions for Trainers, Observers and HCPs;		
<b>Who</b>	<b>Users:</b> -HH program co-ordinator trainers		
	<b>Targets:</b> -trainers      - observers - all HCPs		
<b>How</b>	By trainers showing the films to HCPs or observers during specific designated training sessions and providing further explanations.		

#### **4.2.4.4 HH Technical Reference Manual**

( [whqlibdoc.who.int/publications/2009/9789241598606\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241598606_eng.pdf) )

<b>What</b>	A manual introducing the importance of HCAI and the dynamics of cross-transmission and explaining in details the "My 5 Moments for HH" concept, the correct procedures for HR and HW, and the WHO observation method.		
<b>Why</b>	Because trainers should identify the key messages to be transmitted during educational sessions; all HCPs within a facility should understand and comply with the "My 5 Moments" approach and the correct procedures for HH; observers should learn to apply the basic principles of observation.		
<b>Where</b>	To the clinical settings where the HH improvement strategy is being implemented.		
<b>When</b>	Before or during training sessions		
<b>Who</b>	This tool should be used by: - trainers      - observers      - all HCPs		
<b>How</b>	<ul style="list-style-type: none"><li>• The HH co-ordinator should distribute the manual to trainers and observers;</li><li>• the trainers should distribute the manual to HCPs during training sessions</li></ul>		

#### **4.2.4.5 HH Why, How and When Brochure (see appendix - 3 )**

<b>What</b>	A brochure including the key educational messages related to why, how and when for HH that HCPs can keep and refer to after the training sessions.
<b>Why</b>	Because all HCPs within a facility should understand and comply with the “My 5 Moments for HH” approach and the correct procedures for HR and HW.
<b>Where</b>	In the clinical settings Where the HH improvement program is implemented and training has already been given and short updates or reminders are deemed necessary.
<b>When</b>	During training sessions
<b>Who</b>	This tool should be used by all HCPs in the clinical settings where HH improvement program is being implemented.
<b>How</b>	Describe and distribute the brochure during training sessions.

#### **4.2.4.6 Glove Use Information Leaflet (see appendix - 4 )**

<b>What</b>	A leaflet to explain the appropriate use of gloves with respect to the “My 5 Moments for HH” approach for presentation and / or distribution to HCPs to keep and use as reference.
<b>Why</b>	Because all HCPs need to understand how and when to correctly use gloves within the “My 5 Moments for HH” approach.
<b>where</b>	In organised training sessions in all clinical settings where training has already been given and short updates or reminders are deemed necessary.
<b>when</b>	During training sessions
<b>Who</b>	This tool should be used by all HCPs in the clinical settings where HH improvement program is being implemented.
<b>How</b>	Describe and distribute the leaflet during training sessions.

### **4.3 Evaluation and Feedback**

To gather a comprehensive picture, all the surveys indicated below should ideally be undertaken to identify the resources needed and for establishing priorities. Evaluation of the following indicators helps in assessing the impact of the HH improvement strategy:

- Ward infrastructure for HH
- ABHR consumption.
- HH compliance through direct observation
- HCP perception of HCAI and HH
- HCP knowledge on HCAI and HH.

#### **Systematic feedback**

A regular feedback of data related to hand hygiene indicators with demonstration of trends over time shall be given to facility leadership and head of departments at least annually.

### **4.3.1 Tools for evaluation and feedback – tool descriptions**

The range of tools available to support the implementation of evaluation and feedback is as follow:

#### **4.3.1.1 Ward Infrastructure Survey**

Described in the section related to system change.

#### **4.3.1.2 ABHR Consumption Survey**

Described in the section related to system change.

#### **4.3.1.3 HH Observation**

Observation of HH compliance serves to assess the impact of implementation on HH program. It shall be done all the year around and cover all hospital locations including all inpatient wards, critical areas, and outpatient department.

ICP, ICN and any professional HCPs with good knowledge of the HH improvement strategy shall be recruited to observe HH practices using the “My 5 Moments for HH” approach.

#### **HH Observation Tools (*For instructions and forms, see appendix 5A,5B,5C*)**

**What:** A set of tools is available to conduct direct observation of HH practices and thus assess compliance:

- Observation Form – to be used to collect data on HH performance while observing HCP during routine care. It also includes summary instructions for use;
- compliance Calculation Form, These are linked to some tools for education to help the observer acquire the necessary basic knowledge of the principles and methods of observation;
- HH Technical Reference Manual;
- Power Point educational slides;and
- HH Why, How and When Brochure

**Why:** Compliance with HH is the most valid indicator of HCP's behaviour related to HH. It is therefore one of the most important success indicators for the HH improvement strategy. To monitor sustained improvement and to identify areas need further interventions.

**Where** In all clinical settings that have point of care “the place where three elements come together: the patient, the HCP, and care or treatment involving contact with the patient”:

- All inpatient wards including critical care areas
- All outpatient areas including outpatient departments, laboratory, physiotherapy, radiology, nuclear medicine and all other ambulatory wards such as dialysis units, oncology chemotherapy units and others. Dental clinics will not be included.

- When:**
- Assess baseline HH compliance in the clinical settings where the improvement strategy will be implemented.
  - During the follow-up evaluation, observation serves to assess the impact of implementation on HH compliance.
  - Observations should then be repeated regularly. Every month, choose two or more locations in the facility to conduct observation. All hospital locations should be covered by the end of the year. Hospital locations will include all inpatient wards, critical care areas and outpatient department.
- Annual plan and time line shall be established and submitted earlier to ICD and hospital director. All results shall be sent on monthly basis to ICD.
- Who:** These tools should be used by the observer. The observer should ideally be a professional who has experience in delivering health care at the bedside. Observers shall be recruited and encouraged by HH coordinator then they must be trained to identify the HH indications according to the “My 5 Moments for HH” approach. After training, the observer should be evaluated regarding his/her capacity to detect HH compliance correctly.
- How:** HH Technical Reference Manual and summary instructions clearly explains how to use the observation and calculation forms. Minimum 200 opportunities for HH should be observed in each surveyed unit (department, service or ward).

#### 4.3.1.4

#### **Perception Survey for HCP ( *form, see appendix 6* )**

- What:** A perception questionnaire about the impact of HCAI, the importance of HH as a preventive measure and the effectiveness of the different elements of the multimodal strategy.
- Why:** It is important to measure HCPs perception about the importance of HH in health care, as this has been shown to influence their willingness to embrace improvements. Feedback may be useful in demonstrating that the actual perception does not correspond to the real burden of HCAI and the importance of HH.
- Where:** Across all clinical settings participating in HH improvement strategy.
- When:**
- During the baseline evaluation to assess the baseline perception
  - Annually during the follow-up evaluation to assess the impact of implementation on HCPs perception.
- Who:** User: program co-ordinator or member of HH team  
Population of the survey: HCPs in the clinical settings (hospitals and primary healthcare centres).
- How:**
- Anonymous distribution of the questionnaire;
  - The questionnaire should be distributed to HCPs within a 1-week period and the completed questionnaires should be collected 4–5 days later.

- At least 30 from each category will be chosen randomly per hospital. It shall include the following categories:
  - Nurses,
  - Doctors,
  - Other (e.g. pharmacist, dietician, dentist, therapist, radiologist, cardiology, operating room technician, laboratory technician and any health-related professional involved in patient care).
- For primary healthcare centres, a convenient sample of 10% of will be selected in each health region.

#### **4.3.1.5 HCP Knowledge Survey( *form , see appendix 7* )**

- What:** A questionnaire with technical questions to assess actual knowledge of the essential aspects of hand transmission and HH during health care. The knowledge needed to answer these questions correctly will only be acquired by undertaking education and training activities.
- Why:** HH improvement is based on the understanding of the means of germ transmission and of key indications.
- Where:** In all health care facilities where education and training activities take place.
- When:** The questionnaire shall be distributed at the end of each training session (post test).
- Who:** User: the trainers or members of HH team.  
Population of the survey: HCPs who undertake education
- How:** The trainer should distribute it. Instructions to create an identity code should be given to each HCP to allow for self-assessment. The identity code shall be used by the user and the trainer.

### **4.4 Reminders in the workplace**

#### **4.4.1 Definition and overview**

Reminders in the workplace are key tools to prompt and remind HCPs about the importance of HH and about the appropriate indications and procedures for performing it. They are also means of informing patients and their visitors of the standard of care that they should expect from their HCPs with respect to HH.

#### **4.4.2 Tools for Reminders in the workplace**

Reminders in the workplace should be available in good condition and refreshed whenever necessary. Staff who will take ownership of keeping these tools and replace them as necessary should be identified.

#### **4.4.2.1 5 Moments for HH Poster (*see appendix – 8A, 8B, 8C, 8D* )**

- What:** Poster visualizing the five moments when to perform HH during health care.
- Why:** Because all HCPs need to visualize and endorse the key messages on HH, i.e. when to perform it.

- Where:** To be displayed at the point of care and prominent areas throughout the facility.
- When:** To be displayed during the implementation step, to be kept at all times and replaced / refreshed as necessary.
- Who:** User: the program co-ordinator is in charge of displaying the posters in all clinical settings.  
Targets: all HCPs having direct contact with patients; the patients and their visitors to be aware of best HH practices.
- How:** Display the posters at the point of care and refresh when necessary according to the action plan.

#### 4.4.2.2 How to Handrub and Handwash Poster (*see appendix - 9* )

- What:** Posters explaining the correct procedures for HR and HW that are designed to remind HCPs to perform HH.
- Why:** Because all HCPs need to understand the correct procedures for HR and HW.
- Where:** To be displayed throughout the health-care facility. The How to Handrub Poster will be best placed at each point of care; the How to Handwash Poster should be displayed beside each sink (which ideally should coincide with each point of care).
- When:** To be displayed during the implementation step, to be kept at all times and replaced / refreshed as necessary.
- Who:** User: the program co-ordinator displays the posters in all clinical settings.  
Targets: all HCPs having direct contact with patients; the patients and their visitors to be aware of best HH practices.
- How:** Display the posters at the point of care and refresh when necessary, according to the action plan.

#### 4.4.2.3 HH: When and How Leaflet (*see appendix - 3* )

- What:** A pocket leaflet summarizing the key messages related to when and how HH should be performed
- Why:** Because all HCP should understand and comply with the "My 5 Moments for HH" approach and the correct procedures for HR and HW
- Where:** To be distributed in the clinical settings where HH improvement program is being implemented.
- When:** To be displayed during the implementation step, ideally during training sessions.
- Who:** It should be used by all HCP in the clinical settings where the HH improvement program is being implemented.
- How:** Distribute leaflet during training sessions for HCP to keep as a personal tool and reference.

- 4.4.2.4 SAVE LIVES: Clean Your Hands Screensaver**  
<http://www.who.int/gpsc/5may/resources/en/index.html>
- What:** A screensaver for computer screens.
- Why:** To remind HCP to perform HH at the appropriate moments.
- Where:** To be displayed on computers used by HCPs at the facility.
- When:** At all times.
- Who:** This tool should be used by all HCPs with access to a computer in the clinical settings
- How:** Replace the current screensaver with the SAVE LIVES: Clean Your Hands Screensaver

## 4.5 Improve institutional safety climate

### 4.5.1 Definition and overview

The institutional safety climate refers to creating an environment and the perceptions that facilitate awareness-raising about patient safety issues while guaranteeing consideration of HH improvement as a high priority at all levels, including

- active participation at both the institutional and individual levels;
- awareness of individual and institutional capacity to change and improve (self-efficacy); and
- Partnership with patients and patient organizations.

### 4.5.2 Develop a multidisciplinary HH team

Multidisciplinary HH team shall be established in every hospital (secondary or tertiary). It is dedicated to the promotion and implementation of optimal HH practice for improvement of HH compliance among HCPs. It can be part from an already established Infection Control committee. The team shall meet on a regular basis at least every 3 months.

A written Letter shall be sent to Hospital Director for support and commitment to develop a HH team

**4.5.2.1 Members**, hospital administrator who can help to remove barriers to implementation, Infection Control Professionals, Infection Control nurse, representative of Nursing department as well as representative of each clinical and non clinical departments (Hotel services- Catering) in the hospital.

**4.5.2.2 Coordinator**, Infection Control Professional in each hospital. His/her main tasks are:

- To propose a consistent action plan to implement the HH improvement strategy according to the local policy.
- To carry out observation of HH practices and to gather data on compliance using the “My 5 Moments for HH approach.”
- To provide feedback on the results to HCPs, hospital director and other key individuals / groups involved in the HH program.
- To link with the HH champion in each hospital department as well as related primary health care centre for updating and publicizing news of HH activities.

- To supervise continuous training and education program of HCPs through the year.
- To conduct training program for HH observers.
- To recruit and encourage professional HCP with experience in delivering care at the bed-side and good knowledge of the HH improvement strategy to act as HH observer.

#### **4.5.2.3 The tasks of the team are:**

- Setting an institutional target each year for HH improvement.
- Establishing a plan to achieve the implementation of all the strategy components and deciding about the scope of and the extent of the implementation
- Highlight any issues or concerns, propose solutions, and review the current situation taking in consideration staff input and ideas for improving HH compliance.
- Prepare a plan to publicize HH activities across the facility
- Conduct patient surveys to gain their perspective on the best way to participate in HH promotion.
- Evaluate the facility situation and create the conditions to make sure that system change , training/education, and reminders in the workplace are taking place

#### **5.4.3 Institute an annual Certificate reward**

To recognize a specific HCP, wards or departments who have demonstrated high levels of compliance with the “My 5 Moments for Hand Hygiene” approach

#### **4.5.4 HH champions**

HH champions shall be recruited from all facility departments/services. They shall be interested in participation in activities of HH improvement. Minimum of one champion per department shall be enrolled. His/her responsibility will include: acting as a role model for HH practice, delegate of HH program, a link between his department and HH team and promoting HH improvement.

He/she shall show off HH champion badge all the time. Each year those prominent champions will be rewarded.

Also, Head of Primary Healthcare centre shall nominate an influential HCP in each primary health care centre (preferably head of primary health care centre) to be HH champion. This HH champion shall work as a continuous link between the HCPs in the primary healthcare centre and the coordinator of the HH team in the corresponding hospital for updating and publicizing news of HH activities.

#### **4.5.5 Set annual goals for HH improvement**

- In each health care facility, an annual institutional target shall be set each year for the following elements: HCPs knowledge, HCPs perception, ward infra structure, handrub consumption, and training outcome in accordance with the local policy.
- The health care facility shall comply with the local targeting goal for improving HH compliance rate above the facility baseline by 3-5% for the first year, 5-10% for the next 1-5 years and 15% by 8 years.

#### **4.5.6 System for personal accountability**

System for personal accountability is a system that ensures precise actions are in place to stimulate HCPs to be accountable for their behaviour with regard to HH practices. Incident report by HH coordinator will be given to any HCP breaches HH practice ( **HH Incident Report- see appendix 10** )

If these actions continue, reports will be sent to head of department and hospital director, with possible consequences on the individual evaluation.

#### **4.5.7 Sustaining Improvement**

By applying a long-term action plans to maintain momentum and continue to improve improvement. (e.g., work shop-awareness day, campaign- facility newsletter, and clinical meetings).

#### **4.5.8 Patient Empowerment**

Patients must become as aware and proactive as possible and participate in HH improvement initiatives.

Education of patient and visitor to be a partner with their HCPs

- when and how they should perform HH
- when HCPs should perform HH
- to remind HCPs to perform HH

**4.5.8.1** A promotional campaign that includes educational brochures, text messages, websites (ministry, IC directorate, hospital), social media (twitter, face book..), advertising roll up at the facility entry and activities at ward level.

**4.5.8.2** Dissemination of information leaflets, brochures and posters for patients to inform them of the HH initiatives and how they can encourage, support and empower them about their role in HH.

**4.5.8.3** Broadcast Flashes in the healthcare facilities' Closed Circuit Television (CCTV) about The Importance of HH.

**4.5.8.4** Symposia, lectures, debates for public about the role of HH in prevention of Infections

**4.5.8.5** Patient advocacy groups are invited to promote HH initiatives for HH improvement program

**4.5.8.6** Visual reminders for the patient e.g., small badges or stickers worn by patients with a message such as "did you wash/sanitize your hands?

##### **4.5.8.7 Patient empowerment tools**

**4.5.8.7.1 Patient empowerment leaflet ( see appendix 11 )**

**What:** Leaflets (or video if feasible) summarizing the key messages related to why, when and how HH should be performed

**Why:** Because all patients and visitors should understand and comply with the "My 5 Moments for HH" approach and the correct procedures for HH

**Where** To be distributed/displayed in the clinical settings where HH improvement program is being implemented.

- When:** • To be distributed/displayed for all patients on admission  
           • To be distributed/displayed for visitors during campaign period and in waiting areas in regular visits.
- Who:** • User: HCPs for that location supervised by the program co-ordinator and HH champions.  
           • Population of the survey: patients and visitors in the clinical settings.
- How:** It shall be distributed/ displayed for inpatient as soon as admitted to the ward.  
           It shall be distributed/ displayed to visitors during campaign period and in waiting areas all year around.

#### **4.5.8.7.2 Patient empowerment survey (form and instruction-see appendix 12A-B)**

- What:** A questionnaire about the patients' thoughts on the HH improvement program, patient engagement, why patients should be involved in reminding HCPs to clean their hands and appropriate action.
- Why:** It is important to measure patient perception about the patient empowerment program if ready to be involved how, why and when.
- Where:** Across all clinical settings participating in HH improvement strategy.
- When:** • For patients on discharge  
           • For visitors all the year around.
- Who:** • User: HCPs for that location supervised by the program co-ordinator and HH champions.  
           • Population of the survey: patients and visitors in the clinical settings.
- How:** • The questionnaire should be distributed to every patient on discharge.  
           • Anonymous distribution of the questionnaire for visitors all the year around.

#### **4.5.9 Role modelling**

- 4.5.9.1** Use “authority figures” (eg. The minister of MOH, hospital director, famous actor or football player) recorded short audio messages about HH, such as “we want 100% compliance with HH in our ICU” and “remember to use sanitizer”, that will be broadcast at randomly timed intervals from the announcement speakers at the nurses’ station.
- 4.5.9.2** Identify social pressures that could be consider a form of Role modelling as highly ranked determinants of good HH adherence: the influence of superiors and colleagues on staff and patients.

## 5. References

- 5.1 Hand hygiene technical reference manual: to be used by health-care workers, trainers and observers of hand hygiene practices. World Health Organization. WHO Patient Safety.
- 5.2. A Guide to the Implementation of the WHO Multimodal Hand Hygiene Improvement Strategy
- 5.3 WHO Guidelines on Hand Hygiene in Health Care © World Health Organization 2009
- 5.4 The First Global Patient Safety Challenge: <http://www.who.int/gpsc/en/index.html>
- 5.5 Center for Disease Control and Prevention: Guidelines for Hand Hygiene in Healthcare Settings. October 25, 2002 / Vol. 51 / No. RR-16 <http://www.cdc.gov/cleanhands/>
- 5.6 Didier Pittet, MD, MS; Benedetta Allegranzi, MD; John Boyce, MD; for the World Health Organization World Alliance for Patient Safety First Global Patient Safety Challenge Core Group of Experts. The World Health Organization Guidelines on Hand Hygiene in Health Care and Their Consensus Recommendations. *Infect Control Hosp Epidemiology* 2009; 30:611-622
- 5.7 Elaine L. Larson and 1992, 1993, and 1994 APIC Guidelines Committee Association for Professionals in Infection Control and Epidemiology, Inc. **APIC Guideline for Hand Washing and Hand Antisepsis in Health-Care Settings**
- 5.8 England, Northern Ireland and Wales' hand hygiene campaign.  
[www.npsa.nhs.uk/cleanyourhands/](http://www.npsa.nhs.uk/cleanyourhands/)
- 5.9 Pittet D, Hugonnet S, Harbarth S, et al. Effectiveness of a hospitalwide Program to improve compliance with hand hygiene. *Lancet* 2000; 356:1307–1312.
- 5.10 Larson EL, Quiros D, Lin SX. Dissemination of the CDC's Hand Hygiene Guideline and impact on infection rates. *Am J Infect Control* 2007; 35:666–675.

## Ward Infrastructure Survey



Period: \_\_\_\_\_ Date: \_\_\_\_\_ Facility: \_\_\_\_\_ Ward\*: \_\_\_\_\_

**1. Department:**

- |  |                                     |  |   |
|--|-------------------------------------|--|---|
| <input type="checkbox"/> Internal medicine | <input type="checkbox"/> Surgery    | <input type="checkbox"/> Intensive care unit | <input type="checkbox"/> Mixed medical/surgical |
| <input type="checkbox"/> Emergency unit    | <input type="checkbox"/> Obstetrics | <input type="checkbox"/> Paediatrics         | <input type="checkbox"/> Outpatient             |
| <input type="checkbox"/> Other.....        |                                     |  |   |

**2. Number of health-care personnel on this ward:**

Nurses       Physicians       Auxiliaries

**3. Is water regularly available?**

Always       Intermittently       Rarely       Never

**4. Is running water available?**

Yes       No

**5. Is water visibly clean?**

Yes       No       Don't know

**6. What kind of taps is available?**

<input type="checkbox"/> Hand-operated	<input type="checkbox"/> Elbow/wrist-operated
<input type="checkbox"/> Foot-operated	<input type="checkbox"/> Automatic

**7. Are disposable towels available at all sinks?**

Always       Intermittently       Rarely       Never

**8. Is soap available at all sinks?**

Always       Intermittently       Rarely       Never

**9. Is an alcohol-based handrub available?**

Alway       Intermittently       Rarely       Never

**10. If yes, what type of handrub dispensers are available? (select all applicable answers)**

<input type="checkbox"/> Pocket bottle	<input type="checkbox"/> Bottle affixed to trolley/tray	<input type="checkbox"/> Bottle affixed to bed
<input type="checkbox"/> Wall dispenser	<input type="checkbox"/> Dispenser located on bedside table/trolley	

**11. If wall dispensers are available, are they placed at the point of care\*?**

Yes       Yes but not at each point of care       No

**12. Is there an assigned person responsible for the refilling or replacement of empty dispensers?**

Yes       No

**13. Are handrub dispensers replaced when empty?**

<input type="checkbox"/> Always	<input type="checkbox"/> Intermittently	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	<input type="checkbox"/> Not applicable
---------------------------------	---	---------------------------------	--------------------------------	---

**14. Are posters illustrating handwash technique displayed beside each sink?**

Yes       No

**15. Are posters illustrating handrub technique displayed close to the dispensers and in multiple areas of the ward?**

Yes       No

**16. Are posters illustrating indications for hand hygiene displayed in multiple areas of the ward?**

Yes       No

**17. Is any other type of reminder on hand hygiene displayed/available on this ward?**

Yes       No

**18. Are examination gloves available on this ward?**

<input type="checkbox"/> Always	<input type="checkbox"/> Intermittently	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
---------------------------------	---	---------------------------------	--------------------------------

**19. Are audits on hand hygiene compliance periodically performed on this ward?**

Yes       No

**20. If yes, how frequently?**

<input type="checkbox"/> At least once a year	<input type="checkbox"/> At least once every 2 years	<input type="checkbox"/> Less frequently
---	--	--

**Please now walk to each room or area where patient care/treatment takes place in this ward (i.e. the point of care\*) and complete the table below.**

Room	Room N°/ID	Total N° of beds in this room/area	N° of beds with handrub within arm's reach	N° of sinks in this room/area	N° of sinks with clean water	N° of sinks with soap	N° of sinks with disposable towel	N° of sinks with clean water, soap, disposable towel	Total N° of handrub dispensers in this room/area	N° of fully-functioning and filled dispensers
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
TOT	/									
1										
2										
3										
4										
5										
6										
7										
TOT	/									

**TOT = total; N° = number**

**\*Ward:** a division, floor, or room of a hospital for a particular category or group of patients (it corresponds to the smallest segmentation of the health-care facility; one service can include multiple wards).

**\*\*Point of care:** the place where three elements occur together: the patient, the health-care personnel, and care or treatment involving contact with the patient and his surroundings.



### Alcohol-based Handrub consumption Survey



**Name of the hospital:**----- **Name of the unit:**-----

**Department:**

Internal medicine  
 Obstetrics

Surgery  
 Paediatrics

Intensive care unit  
 Ambulatory haemodialysis clinic

Mixed medical/surgical  
 Other.....

m

m

**Period of the survey:** from----- to-----

No	Month	Amount used		Number of patient-days related to the selected unit	Consumption rate /1000 Patient days
		No of bottles used	Amount expressed as liters		

- The forms should be filled monthly, at the end of each month
- A new form should be filled in for every 6-month period
- Ensure that the amount in stock is subtracted to calculate the real product consumption
- Calculate consumption rate as follows:

Amount consumed in liters in the unit X 1000

Number of patient-days related to the same unit

An increasing consumption trend indicates the success of the hand hygiene intervention.

Static or declining trends post-implementation need to be examined closely. They may be linked to lack of product availability, distribution delays or interruptions, or other reasons

## Appendix -3 HH Why, How and When Brochure

**SAVE LIVES**  
Clean Your Hands

**Hand Hygiene**

**When and How**



### How to handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

- 1a Apply a palmful of the product in a cupped hand, covering all surfaces.
- 1b Rub hands palm to palm.
- 2 Rub hands back to front.
- 3 Right palm over left dorsum with interlaced fingers and vice versa.
- 4 Palm to palm with fingers interlaced.
- 5 Backs of fingers to opposing palms with fingers interlocked.
- 6 Rotational rubbing of left thumb clasped in right palm and vice versa.
- 7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.
- 8 Once dry, your hands are safe.

### How to handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds

- 0 Wet hands with water.
- 1 Apply enough soap to cover all hand surfaces.
- 2 Rub hands palm to palm.
- 3 Right palm over left dorsum with interlaced fingers and vice versa.
- 4 Palm to palm with fingers interlocked.
- 5 Backs of fingers to opposing palms with fingers interlocked.
- 6 Rotational rubbing of left thumb clasped in right palm and vice versa.
- 7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.
- 8 Rinse hands with water.
- 9 Dry hands thoroughly with a single use towel.
- 10 Use towel to turn off faucet.
- 11 Your hands are now safe.



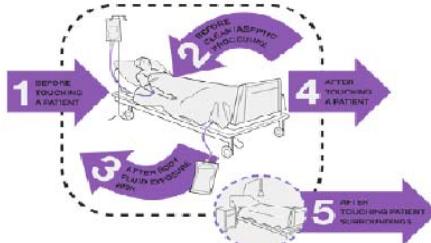
Patient Safety  
A WHO Action for Safe Health Care



**Clean hands  
are safer hands.  
Are yours clean?**



**When?** YOUR 5 MOMENTS FOR HAND HYGIENE



<b>1 BEFORE TOUCHING A PATIENT</b>	WHEN? Clean your hands before touching a patient when approaching him/her. WHY? To protect the patient against harmful germs carried on your hands.
<b>2 BEFORE CLEAN/ASEPTIC PROCEDURE</b>	WHEN? Clean your hands immediately before performing a clean or aseptic procedure. WHY? To protect the patient against harmful germs, including those from his/her own body, from entering his/her body.
<b>3 AFTER BODY FLUID EXPOSURE RISK</b>	WHEN? Clean your hands immediately after an exposure risk to body fluids (and other glove removal). WHY? To protect yourself and the health-care environment from harmful patient germs.
<b>4 AFTER TOUCHING A PATIENT</b>	WHEN? Clean your hands after touching a patient and/or his/her immediate surroundings, when leaving the patient's side. WHY? To protect yourself and the health-care environment from harmful patient germs.
<b>5 AFTER TOUCHING PATIENT SURROUNDINGS</b>	WHEN? Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched. WHY? To protect yourself and the health-care environment from harmful patient germs.

## Appendix 4 Glove Use Information Leaflet

**Outline of the evidence and considerations on medical glove use to prevent germ transmission**

**Definitions:**  
Medical gloves are defined as disposable gloves used during medical procedures; they include:

1. Examination gloves (non sterile or sterile)
2. Surgical gloves that have specific characteristics of thickness, elasticity and strength and are sterile

**Rationale for using medical gloves:**  
Medical gloves are recommended to be worn for two main reasons:

1. To reduce the risk of contamination of health-care workers' hands with blood and other body fluids.
2. To reduce the risk of germ dissemination to the environment and of transmission from the health-care worker to the patient and vice versa, as well as from one patient to another.

**The efficacy of gloves in preventing contamination of health-care workers' hands and helping to reduce transmission of pathogens in health care has been confirmed in several clinical studies.**

**Glove use and the need for hand hygiene:**

- When an indication for hand hygiene precedes a contact that also requires glove usage, hand rubbing or hand washing should be performed before donning gloves
- When an indication for hand hygiene follows a contact that has required gloves, hand rubbing or hand washing should occur after removing gloves
- When an indication for hand hygiene applies while the health-care worker is wearing gloves, then gloves should be removed to perform handrubbing or handwashing.

**For more information please contact the following address:**  
Directorate of Infection - Al Sabah healthy  
P O Box 12414 Alshamia - Tel. 24917392 - 24917391  
[www.isdkwt.com](http://www.isdkwt.com)

**Type of gloves to be used:**  
As a general policy, selection of non-powdered gloves is recommended since this avoids reactions with the alcohol-based handrub in use within the health-care facility.

**Summary of key messages for practical medical glove use:**

- Gloves are effective in preventing contamination of health-care workers' hands and helping reduce transmission of pathogens dependent upon two critical factors:
  - They are used appropriately
  - Timely hand hygiene is performed using the method of hand rubbing or hand washing.
- Safe glove use involves:
  - Using the correct technique for donning gloves that prevents their contamination
  - Using the correct technique for removing gloves that prevents health-care workers' hands becoming contaminated (see figure Technique for donning and removing non-sterile examination gloves)
- The unnecessary and inappropriate use of gloves results in a waste of resource and may increase the risk of germ transmission.
- Health-care workers should be trained in how to plan and perform procedures according to a rational sequence of events and to use non-touch techniques as much as possible in order to minimize the need for glove use and change.
- If the integrity of a glove is compromised (e.g., punctured), it should be changed as soon as possible and complemented with hand hygiene.
- Use of petroleum-based hand lotions or creams may adversely affect the integrity of latex gloves and some alcohol-based handrubs may interact with residual powder on health-care workers' hands.

**Summary of the recommendations on glove use:**

- a. In no way does glove use modify hand hygiene indications or replace hand hygiene action by rubbing with an alcohol-based product or by handwashing with soap and water.
- b. Wear gloves when it can be reasonably anticipated that contact with blood or other body fluids, mucous membranes, non-intact skin or potentially infectious material will occur.
- c. Remove gloves after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient.
- d. When wearing gloves, change or remove gloves in the following situations: during patient care if moving from a contaminated body site to another body site (including a mucous membrane, non-intact skin or a medical device within the same patient or the environment).
- e. The reuse of gloves after reprocessing or decontamination is not recommended.

## Appendix -5A HH Observation Tools - Inpatient setting

### General Recommendations of inpatient setting:

1. The observation will be carried out in all hospital clinical locations including all inpatient wards, critical care areas, and outpatient departments.
2. Every month, choose two or more locations in the hospital and conduct the observation. All hospital locations should be covered by the end of the year.
3. Observation period is one month per location only in the working days with daily session.
4. The daily session will be of 30 minutes duration and should be preferably during ward rounds for inpatient wards.
5. Gather data on minimum of 200 opportunities per clinical location per observation period.
6. Observer should introduce him/herself to the health-care personnel (HCP), explaining his/her task.
7. The observer should stand close to the point of care while observing.
8. The observer may observe up to three HCPs simultaneously, if the density of hand hygiene opportunities permits. Do not observe more than three HCPs simultaneously.
9. The observer should not interfere with health-care activities being carried out during the session.
10. Observation should not be performed in extreme situations (emergency medical treatment, signs of uncontrolled stress in a health-care worker being observed) as they do not reflect a "standard" care situation.
11. The observer should record only actions that he or she can clearly see and correspond to indications; the observer is not allowed to assume that an action has taken place. For example: the observer sees a HCP approaching a patient without having seen what the HCP did before approaching the patient (whether or not he/she performed hand hygiene). The indication cannot be recorded.
12. Several indications may arise simultaneously, creating a single opportunity and requiring a single hand hygiene action. The opportunity is an accounting unit equivalent to the number of hand hygiene actions required, regardless of the number of indications.
13. The moment the observer identifies an indication, it is counted as an opportunity to which there should be a corresponding positive or negative action. A positive action indicates compliance; a negative action indicates non-compliance.
14. A positive action that is not justified by an identified indication that therefore cannot be translated into an opportunity cannot be included when measuring compliance. For example, the observer should not record indications for hand hygiene arising from habitual or unconscious actions by the HCP during their duties, such as adjusting spectacles or pushing back a strand of hair.
15. Record hand hygiene (either HW or HR) regardless the appropriateness of the technique.
16. If the HCW performed HW and HR at the same time, record it as HW.

### Instruction for filling the form:

1. Fill professional categories of the health-care workers into four broad categories as follows:
  - a. Nurse
  - b. Medical doctor
  - c. Auxiliary e.g. cleaners and porters
  - d. Other health-care workers: therapist e.g. physiotherapist , technician, other (dietician, dentist, social worker , student and any health-related professional involved in patient care).
2. Complete the department according to the following standardized nomenclature:

medical, including dermatology, neurology, haematology, oncology, etc.	surgery, including neurosurgery, urology, EENT, ophthalmology, etc.
mixed (medical & surgical), including gynaecology	obstetrics, including related surgery
paediatrics, including related surgery	long term care & rehabilitation
3. Each column of the grid to record hand hygiene practices is intended to be dedicated to a specific professional category. Therefore numerous health-care workers may be sequentially included during one session in the column dedicated to their category.
4. Each column contains eight boxes. Each box corresponds to an opportunity where the indications and the positive or negative actions observed are entered. The square box in the form ( ) means that no item is exclusive (if several items apply to the opportunity, they should all be marked); the circle (o ) means that a single item applies to the opportunity and concerns negative hand hygiene actions (zero action).
5. Cross items in squares (several may apply for one opportunity) or circles (only single item may apply at one moment).
6. When several indications fall in one opportunity, each one must be recorded by crossing the squares.
7. Performed or missed actions must always be registered within the context of an opportunity.

## Observation Form - Inpatient Setting

Hospital:		Date: (dd/mm/yy)	/ /	Start/End time: (hh:mm)	: : :	Observer	
Department:		<input type="checkbox"/> Internal medicine <input type="checkbox"/> Obstetrics	<input type="checkbox"/> Surgery <input type="checkbox"/> Paediatrics	<input type="checkbox"/> Intensive care unit <input type="checkbox"/> Rehabilitation and long term	<input type="checkbox"/> Mixed medical/surgical		

Prof.cat		Nurse		Prof.cat		Med doctor		Prof.cat		Auxiliary		Prof.cat		Others	
Total N°				Total N°				Total N°				Total N°			
Opp.	Indication	HH Action	Opp.	Indication	HH Action	Opp.	Indication	HH Action	Opp.	Indication	HH Action	Opp.	Indication	HH Action	
1	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	1	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	1	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	1	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed				
2	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	2	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	2	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	2	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed				
3	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	3	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	3	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	3	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed				
4	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	4	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	4	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	4	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed				
5	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	5	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	5	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	5	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed				
6	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	6	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	6	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	6	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed				
7	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	7	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	7	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	7	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed				
8	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	8	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	8	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	8	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed				

HR: hand hygiene action by handrubbing with an alcohol-based formula

HW: hand hygiene action by handwashing with soap and water

Missed: no hand hygiene action performed

Prof.cat : professional category (see instructions)

Opp(portunity): defined by one indication at least

Indication: bef.pat: before touching a patient---bef.asept: before clean/aseptic procedure---aft.b.f: after body fluid exposure risk---aft.pat: after touching a patient---aft.p.surr: after touching patient surroundings



### **General Recommendations of outpatient setting:**

1. The observation will be carried out in all hospital clinical locations including all outpatient areas including outpatient departments, laboratory, physiotherapy, radiology, nuclear medicine and all other ambulatory wards such as dialysis units, oncology chemotherapy units and others. Dental clinics will not be included.
2. Every month, choose two or more locations in the hospital and conduct the observation. All hospital locations should be covered by the end of the year.
3. Observation period is one month per location only in the working days with daily session.
4. The daily session will be of 30 minutes duration and can be extended if total number of opportunities is less than 10 per session.
5. Gather data on minimum of 200 opportunities per clinical location per observation period.
6. Observer should introduce him/herself to the health-care personnel (HCP), explaining his/her task.
7. The observer should stand close to the point of care while observing.
8. The observer may observe up to three HCPs simultaneously, if the density of hand hygiene opportunities permits. Do not observe more than three HCPs simultaneously.
9. The observer should not interfere with health-care activities being carried out during the session.
10. Observation should not be performed in extreme situations (emergency medical treatment, signs of uncontrolled stress in a HCP being observed) as they do not reflect a "standard" care situation.
11. The observer should record only actions that he or she can clearly see and correspond to indications; the observer is not allowed to assume that an action has taken place. For example: the observer sees a HCP approaching a patient without having seen what the HCP did before approaching the patient (whether or not he/she performed hand hygiene). The indication cannot be recorded.
12. Several indications may arise simultaneously, creating a single opportunity and requiring a single hand hygiene action. The opportunity is an accounting unit equivalent to the number of hand hygiene actions required, regardless of the number of indications.
13. The moment observer identifies an indication; it is counted as an opportunity to which there should be corresponding positive or negative action. A positive action indicates compliance; a negative action indicates non-compliance.
14. A positive action that is not justified by an identified indication that therefore cannot be translated into an opportunity cannot be included when measuring compliance. For example, the observer should not record indications for hand hygiene arising from habitual or unconscious actions by the HCP during their duties, such as adjusting spectacles or pushing back a strand of hair.
15. Record hand hygiene (either HW or HR) regardless the appropriateness of the technique.
16. If the HCW performed HW and HR at the same time, record it as HW.

#### **Instruction for filling the form:**

1. Fill professional categories of the health-care workers into four broad categories as follows:
  - e. Nurse
  - f. Medical doctor
  - g. Auxiliary e.g. cleaners and porters
  - h. Other health-care workers: therapist e.g. physiotherapist , technician, other (dietician, dentist, social worker , student and any health-related professional involved in patient care).
2. Complete the department according to the following standardized nomenclature:
 

medical, including dermatology, neurology, haematology, oncology, etc.	surgery, including neurosurgery, urology, EENT, ophthalmology, etc.
mixed (medical & surgical), including gynaecology	obstetrics, including related surgery
paediatrics, including related surgery	physiotherapy & rehabilitation
Radiology	Nuclear medicine
Laboratory	Other ambulatory care (specify) e.g dialysis units, chemotherapy units
3. Each column of the grid to record hand hygiene practices is intended to be dedicated to a specific professional category. Therefore numerous health-care workers may be sequentially included during one session in the column dedicated to their category.
4. Each column contains eight boxes. Each box corresponds to an opportunity where the indications and the positive or negative actions observed are entered. The square box in the form () means that no item is exclusive (if several items apply to the opportunity, they should all be marked); the circle (o ) means that a single item applies to the opportunity and concerns negative hand hygiene actions (zero action).
5. Cross items in squares (several may apply for one opportunity) or circles (only single item may apply at one moment).
6. When several indications fall in one opportunity, each one must be recorded by crossing the squares.
7. Performed or missed actions must always be registered within the context of an opportunity.

# Observation Form- Outpatient Setting

Hospital:		Date: (dd/mm/yy)	/ /	Start/End time: (hh:mm)	:	/ :	Observer	
Department:	<input type="checkbox"/> Internal medicine <input type="checkbox"/> Surgery <input type="checkbox"/> Mixed medical/surgical <input type="checkbox"/> Obstetrics <input type="checkbox"/> Paediatrics <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Radiology <input type="checkbox"/> Nuclear medicine <input type="checkbox"/> Laboratory <input type="checkbox"/> Other ambulatory care (specify) .....							

Prof.cat	Nurse		Prof.cat	Med doctor		Prof.cat	Auxiliary		Prof.cat	Others	
Total N°											
Opp.	Indication	HH Action									
1	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	1	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	1	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	1	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed
2	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	2	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	2	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	2	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed
3	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	3	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	3	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	3	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed
4	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	4	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	4	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	4	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed
5	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	5	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	5	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	5	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed
6	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	6	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	6	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	6	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed
7	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	7	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	7	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	7	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed
8	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	8	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	8	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed	8	<input type="checkbox"/> bef-pat. <input type="checkbox"/> bef-asept. <input type="checkbox"/> aft-b.f. <input type="checkbox"/> aft-pat. <input type="checkbox"/> aft.p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="radio"/> missed

HR: hand hygiene action by handrubbing with an alcohol-based formula

HW: hand hygiene action by handwashing with soap and water

Missed: no hand hygiene action performed

Prof.cat : professional category (see instructions)

Opp(ortunity): defined by one indication at least

Indication: bef.pat: before touching a patient---bef.asept: before clean/aseptic procedure---aft.b.f: after body fluid exposure risk---aft.pat: after touching a patient---aft.p.surr: after touching patient surroundings

## Appendix -5C HH Observation Tools –Inpatient Compliance Calculation

### Inpatient compliance Calculation

Hospital				Start date: (dd/mm/yy)	/ /		End date: (dd/mm/yy)	/ /		Location:					
Department	<input type="checkbox"/> Internal medicine <input type="checkbox"/> Obstetrics			<input type="checkbox"/> Surgery <input type="checkbox"/> Paediatrics	<input type="checkbox"/> Intensive care unit <input type="checkbox"/> Rehabilitation and long term			<input type="checkbox"/> Mixed medical/surgical							
	Prof.cat. Nurse			Prof.cat. Med doctor			Prof.cat. Auxiliary			Prof.cat. Others			Total per session		
Session	Opp (n)	HW (n)	HR (n)	Opp (n)	HW (n)	HR (n)	Opp (n)	HW (n)	HR (n)	Opp (n)	HW (n)	HR (n)	Opp (n)	HW (n)	HR (n)
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
Total															
Calculation	Act (n) =			Act (n) =			Act (n) =			Act (n) =			Total Act (n)=		
	Opp (n) =			Opp (n) =			Opp (n) =			Opp (n) =			Total Opp (n) =		
Compliance															

#### Instructions

$$\text{Compliance (\%)} = \frac{\text{Performed actions}}{\text{Opportunities}} \times 100$$

1. Define the setting outlining the scope for analysis and report related data according to the chosen setting.
2. Check data in the observation form. Hand hygiene actions not related to an indication should not be taken into account and vice versa.
3. Report the session number and the related observation data in the same line. This attribution of session number validates the fact that data has been taken into count for compliance calculation.
4. Results per professional category and per session (vertical):
  - Sum up recorded opportunities (opp) in the case report form per professional category: report the sum in the corresponding cell in the calculation form.
  - Sum up the positive hand hygiene actions related to the total of opportunities above, making difference between handwash (HW) and handrub (HR): report the sum in the corresponding cell in the calculation form.
  - Proceed in the same way for each session (data record form).
  - Add up all sums per each professional category and put the calculation to calculate the compliance rate (given in percent)
5. The addition of results of each line permits to get the global compliance at the end of the last right column.

**Appendix -5D HH Observation Tools –Outpatient Compliance Calculation**  
**Outpatient compliance Calculation**

Hospital				Start date: (dd/mm/yy)	/ /	End date: (dd/mm/yy)	/ /	Location:							
Department	<input type="checkbox"/> Internal medicine <input type="checkbox"/> Surgery <input type="checkbox"/> Mixed medical/surgical <input type="checkbox"/> Obstetrics <input type="checkbox"/> Paediatrics <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Radiology <input type="checkbox"/> Nuclear medicine <input type="checkbox"/> Laboratory <input type="checkbox"/> Other ambulatory care (specify).....														
Session	Prof.cat. Nurse			Prof.cat. Med doctor			Prof.cat. Auxiliary			Prof.cat. Others			Total per session		
	Opp (n)	HW (n)	HR (n)	Opp (n)	HW (n)	HR (n)	Opp (n)	HW (n)	HR (n)	Opp (n)	HW (n)	HR (n)	Opp (n)	HW (n)	HR (n)
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
Total															
Calculation	Act (n) =			Act (n) =			Act (n) =			Act (n) =			Total Act (n)=		
	Opp (n) =			Opp (n) =			Opp (n) =			Opp (n) =			Total Opp (n) =		
Compliance															

**Instructions**

$$\text{Compliance (\%)} = \frac{\text{Performed actions}}{\text{Opportunities}} \times 100$$

6. Define the setting outlining the scope for analysis and report related data according to the chosen setting.
7. Check data in the observation form. Hand hygiene actions not related to an indication should not be taken into account and vice versa.
8. Report the session number and the related observation data in the same line. This attribution of session number validates the fact that data has been taken into count for compliance calculation.
9. Results per professional category and per session (vertical):
  - Sum up recorded opportunities (opp) in the case report form per professional category: report the sum in the corresponding cell in the calculation form.
  - Sum up the positive hand hygiene actions related to the total of opportunities above, making difference between handwash (HW) and handrub (HR): report the sum in the corresponding cell in the calculation form.
  - Proceed in the same way for each session (data record form).
  - Add up all sums per each professional category and put the calculation to calculate the compliance rate (given in percent)

The addition of results of each line permits to get the global compliance at the end of the last right column.

# Perception Survey for Health-Care Personnel

**Period**

- You are in direct contact with patients on a daily basis and this is why we are interested in your **opinion** on health care-associated infections and hand hygiene.
- It should take you about 10 minutes to complete this questionnaire. Each question has **one answer only**.
- Please read the questions carefully and then respond spontaneously. Your answers are anonymous and will be kept confidential.
- **Short Glossary:**

**Facility:** healthcare setting where survey is being carried out (e.g., hospital, ambulatory, long-term facility, etc).

**Handrubbing:** treatment of hands with an antiseptic handrub (alcohol-based formulation).

**Handwashing:** washing hands with plain or antimicrobial soap and water.

**Service:** a branch of a hospital staff that provides specified patient care.

**Ward:** a division, floor, or room of a hospital for a particular category or group of patients (it corresponds to the smallest segmentation of the health-care facility; one service can include multiple wards).

## Part 1

## 1. Date

## 2. Facility :

## 3. Service:

## 4. Ward:

## 5. Health region:

6. Gender:  Female  Male7. Age:  years

## 8. Profession:

 Nurse

 Medical doctor

 Other (e.g. pharmacist, dietician, dentist, therapist, radiologist, cardiology, operating room technician, laboratory technician and any health-related professional involved in patient care)

## 9. Department (please select the department which best represents yours):

- |  |  |   |                                |
|--|--|---|--------------------------------|
| <input type="checkbox"/> Internal medicine   | <input type="checkbox"/> Surgery                   | <input type="checkbox"/> Mixed medical/surgical |                                |
| <input type="checkbox"/> Intensive care unit | <input type="checkbox"/> Obstetrics                | <input type="checkbox"/> Paediatrics            |                                |
| <input type="checkbox"/> Emergency unit      | <input type="checkbox"/> rehabilitation/ long term | <input type="checkbox"/> outpatient clinic      | <input type="checkbox"/> Other |

10. Did you receive formal training in hand hygiene in the last three years?  Yes  No11. Do you routinely use an alcohol-based handrub for hand hygiene?  Yes  No12. In your opinion, what is the average percentage of hospitalised patients who will develop a health care-associated infection (between 0 and 100%)?  %  I don't know

## 13. In general, what is the impact of a health care-associated infection on a patient's clinical outcome?

- 
- Very low
- 
- Low
- 
- High
- 
- Very high

## 14. What is the effectiveness of hand hygiene in preventing health care-associated infection?

- 
- Very low
- 
- Low
- 
- High
- 
- Very high

## 15. Among all patient safety issues, how important is hand hygiene at your institution?

Low priority     Moderate priority     High priority     Very high priority

16. On average, in what percentage of situations requiring hand hygiene do health-care workers in your hospital actually perform hand hygiene, either by handrubbing or handwashing (between 0 and 100%)?   %       I don't know

17. In your opinion, how effective would the following actions be to improve hand hygiene permanently in your institution? Please tick one on the scale

a. Leaders and senior managers at your institution support and openly promote hand hygiene.

Not effective                            Very effective

b. The health-care facility makes alcohol-based handrub always available at each point of care.

Not effective                            Very effective

c. Hand hygiene posters are displayed at point of care as reminders.

Not effective                            Very effective

d. Each health-care worker receives education on hand hygiene.

Not effective                            Very effective

e. Clear and simple instructions for hand hygiene are made visible for every health-care worker.

Not effective                            Very effective

f. Health-care workers regularly receive feedback on their hand hygiene performance.

Not effective                            Very effective

g. You always perform hand hygiene as recommended (being a good example for your colleagues).

Not effective                            Very effective

h. Patients are invited to remind health-care workers to perform hand hygiene.

Not effective                            Very effective

18. What importance does the head of your department attach to the fact that you perform optimal hand hygiene?

No importance                            Very high importance

19. What importance do your colleagues attach to the fact that you perform optimal hand hygiene?

No importance                            Very high importance

20. What importance do patients attach to the fact that you perform optimal hand hygiene?

No importance                            Very high importance

21. How do you consider the effort required by you to perform good hand hygiene when caring for patients?

No effort                            A big effort

22. On average, in what percentage of situations requiring hand hygiene do you actually perform hand hygiene, either by handrubbing or handwashing (between 0 and 100%)?   %

## Part 2

**1. Has the use of an alcohol-based handrub made hand hygiene easier to practice in your daily work?**

Not at all       Very important

**2. Is the use of alcohol-based handrubs well tolerated by your hands?**

Not at all       Very well

**3. Did knowing the results of hand hygiene observation in your ward help you and your colleagues to improve your hand hygiene practices?**

Not at all       Very much

**4. Has the fact of being observed made you paying more attention to your hand hygiene practices?**

Not at all       Very much

**5. Were the educational activities that you participated in important to improve your hand hygiene practices?**

Not at all       Very important

**6. Do you consider that the administrators in your institution are supporting hand hygiene improvement?**

Not at all       Very much

**7. Has the improvement of the safety climate (if actually improved in your institution as a result of the recent implementation of the hand hygiene promotion strategy) helped you personally to improve your hand hygiene practices?**

Not at all       Very much

**8. Has your awareness of your role in preventing health-care-associated infection by improving your hand hygiene practices increased during the current hand hygiene promotional campaign?**

Not at all       Very much

**Thank you very much for your time!**

## Hand Hygiene Knowledge Questionnaire for HCP



**Dear HCP**

The knowledge required for this test is specifically transmitted through the hand hygiene training material and you may find the questions more difficult if you did not participate in this training.

**Tick only one answer to each question. Your answers will be kept confidential.**

1. Personnel ID:
2. Date:
3. Facility :
4. Service:
5. Ward::
6. Health region:
7. Gender:  Female  Male
8. Age:  years
9. Profession:
  - Nurse
  - Medical doctor
  - Technicians: radiologist, cardiology, operating room or laboratory technician
  - Therapist: physiotherapist, occupational therapist, audiologist, speech therapist
  - Other (e.g. pharmacist, dietician, dentist, and any health-related professional involved in patient care)
10. Department (select the department which best represents yours) :
 

<input type="checkbox"/> Internal medicine	<input type="checkbox"/> Surgery	<input type="checkbox"/> Mixed medical/surgical
<input type="checkbox"/> Intensive care unit	<input type="checkbox"/> Obstetrics	<input type="checkbox"/> Paediatrics
<input type="checkbox"/> Emergency unit	<input type="checkbox"/> rehabilitation/ long term	<input type="checkbox"/> outpatient clinic <input type="checkbox"/> Other
11. Did you receive formal training in hand hygiene in the last three years?  Yes  No
12. Do you routinely use an alcohol-based handrub for hand hygiene?  Yes  No
13. Which of the following is the main route of cross-transmission of potentially harmful germs between patients in a health-care facility? (tick one answer only)
  - a.  Health-care workers' hands when not clean
  - b.  Air circulating in the hospital
  - c.  Patients' exposure to colonised surfaces (i.e., beds, chairs, tables, floors)
  - d.  Sharing non-invasive objects (i.e., stethoscopes, pressure cuffs, etc.) between patients
14. What is the most frequent source of germs responsible for health care-associated infections? (tick one answer only)
  - a.  The hospital's water system
  - b.  The hospital air
  - c.  Germs already present on or within the patient
  - d.  The hospital environment (surfaces)

**15. Which of the following hand hygiene actions prevents transmission of germs to the patient?**

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| a. Before touching a patient                                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b. Immediately after a risk of body fluid exposure           | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c. After exposure to the immediate surroundings of a patient | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d. Immediately before a clean/aseptic procedure              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

**16. Which of the following hand hygiene actions prevents transmission of germs to the health-care worker?**

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| a. After touching a patient                                  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b. Immediately after a risk of body fluid exposure           | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c. Immediately before a clean/aseptic procedure              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d. After exposure to the immediate surroundings of a patient | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

**17. Which of the following statements on alcohol-based handrub and handwashing with soap and water are true?**

- |  |                          |      |                          |       |
|--|--------------------------|------|--------------------------|-------|
| a. Handrubbing is more rapid for hand cleansing than handwashing           | <input type="checkbox"/> | True | <input type="checkbox"/> | False |
| b. Handrubbing causes skin dryness more than handwashing                   | <input type="checkbox"/> | True | <input type="checkbox"/> | False |
| c. Handrubbing is more effective against germs than handwashing            | <input type="checkbox"/> | True | <input type="checkbox"/> | False |
| d. Handwashing and handrubbing are recommended to be performed in sequence | <input type="checkbox"/> | True | <input type="checkbox"/> | False |

**18. What is the minimal time needed for alcohol-based handrub to kill most germs on your hands?  
(tick one answer only)**

- a.  20 seconds
- b.  3 seconds
- c.  1 minute
- d.  10 seconds

**19. Which type of hand hygiene method is required in the following situations?**

- |                                      |                          |         |                          |         |                          |      |
|--------------------------------------|--------------------------|---------|--------------------------|---------|--------------------------|------|
| a. Before palpation of the abdomen   | <input type="checkbox"/> | Rubbing | <input type="checkbox"/> | Washing | <input type="checkbox"/> | None |
| b. Before giving an injection        | <input type="checkbox"/> | Rubbing | <input type="checkbox"/> | Washing | <input type="checkbox"/> | None |
| c. After emptying a bedpan           | <input type="checkbox"/> | Rubbing | <input type="checkbox"/> | Washing | <input type="checkbox"/> | None |
| d. After removing examination gloves | <input type="checkbox"/> | Rubbing | <input type="checkbox"/> | Washing | <input type="checkbox"/> | None |
| e. After making a patient's bed      | <input type="checkbox"/> | Rubbing | <input type="checkbox"/> | Washing | <input type="checkbox"/> | None |
| f. After visible exposure to blood   | <input type="checkbox"/> | Rubbing | <input type="checkbox"/> | Washing | <input type="checkbox"/> | None |

**20. Which of the following should be avoided, as associated with increased likelihood of colonisation of hands with harmful germs?**

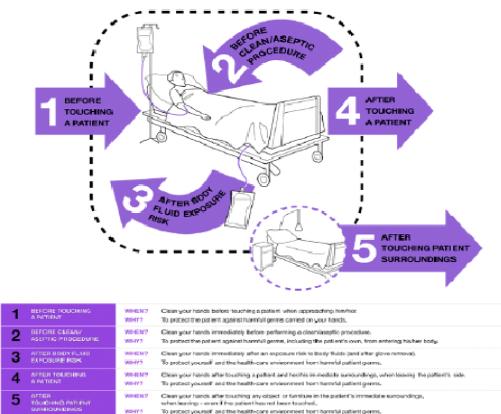
- |                                |                          |     |                          |    |
|--------------------------------|--------------------------|-----|--------------------------|----|
| a. Wearing jewellery           | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b. Damaged skin                | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c. Artificial fingernails      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d. Regular use of a hand cream | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

*Thank you very much for your time!*

## Appendix 8 – Your 5 Moments for HH Poster

8A

### Your 5 Moments for Hand Hygiene



Patient Safety

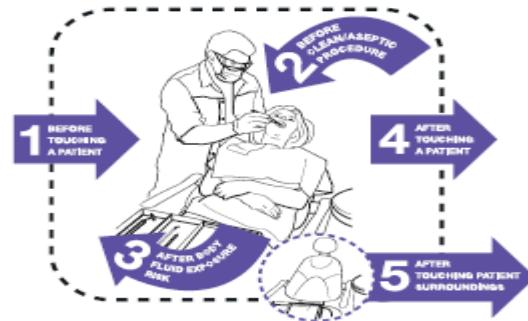
SAVE LIVES  
Clean Your Hands



8B

### Your 5 Moments for Hand Hygiene

#### Dental Care



World Health Organization  
SAVE LIVES  
Clean Your Hands



8C

### Your Moments for Hand Hygiene

#### Paediatric Consultation



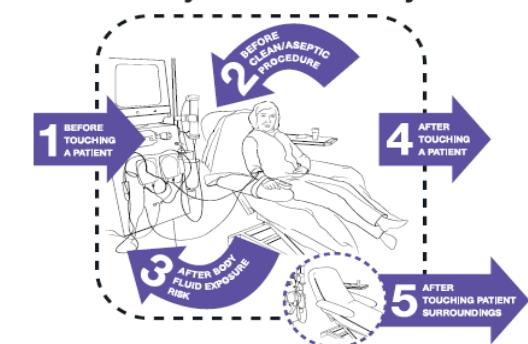
World Health Organization

SAVE LIVES  
Clean Your Hands

8D

### Your 5 Moments for Hand Hygiene

#### Haemodialysis in ambulatory care



World Health Organization

SAVE LIVES  
Clean Your Hands



## Appendix -9 How to Handrub and Handwash Poster

# How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

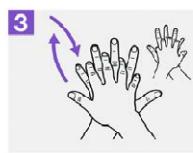
⌚ Duration of the entire procedure: 20-30 seconds



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



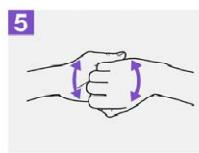
Rub hands palm to palm;



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



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



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



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



Once dry, your hands are safe.



Patient Safety  
A World Alliance for Safer Health Care

SAVE LIVES  
Clean Your Hands



# How to handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

⌚ Duration of the entire procedure: 40-60 seconds



Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



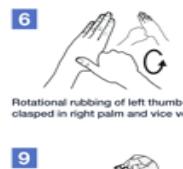
Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



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



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



Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



World Health Organization

Patient Safety  
A World Alliance for Safer Health Care

**Appendix -10 Hand hygiene incident report**

<b>KNHSS</b> <b>Kuwait National Healthcare-associated Infections Surveillance System</b>	<b>Hand Hygiene Incident Report</b>	<input type="checkbox"/> First <input type="checkbox"/> Repeated		
<ul style="list-style-type: none"> <li><i>Information in this form is used for evaluating and improving patient safety and quality of care</i></li> <li><i>The incident will be included in the Monthly Infection Control Report and discussed in infection control committee, if breeches repeated by the same member staff it will be reported to the head of department and hospital director for action required</i></li> </ul>				
<b>I. Details of the incident</b>		<b>II. Healthcare personnel Job category</b>		
Facility name: _____ code: _____ Health region: _____ Department where incident occurred: _____ Home/Employing department: _____ Date of incident: ___/___/___ (dd/ mm/ yyyy) Time of incident : _____ am/pm	<input type="checkbox"/> Medical doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Other (e.g. pharmacist, dietician, dentist, therapist, radiologist, cardiology, operating room technician, laboratory technician and any health-related professional involved in patient care)			
<b>III. Gross breach of Hand Hygiene policy has occurred</b> <table border="0"> <tr> <td><b>A. Hand Hygiene was not performed in the following:</b></td> <td><b>B. Inappropriate glove use in the following:</b></td> </tr> </table>			<b>A. Hand Hygiene was not performed in the following:</b>	<b>B. Inappropriate glove use in the following:</b>
<b>A. Hand Hygiene was not performed in the following:</b>	<b>B. Inappropriate glove use in the following:</b>			
<input type="checkbox"/> Before having direct contact with patients <input type="checkbox"/> Moving from a contaminated body-site to clean body-site <input type="checkbox"/> After having direct contact with patients <input type="checkbox"/> After removing gloves <input type="checkbox"/> After contact with any object in patient's immediate surrounding <input type="checkbox"/> Before any non surgical invasive procedure (inserting urinary or peripheral vascular catheters) <input type="checkbox"/> If hands are visibly soiled with dirt, body fluid excretion or blood	<input type="checkbox"/> Use same pair of gloves for the care of more than one patients <input type="checkbox"/> Not wearing gloves before potential with body fluids, mucous membrane and non intact skin of the patient <input type="checkbox"/> Not wearing STERILE GLOVES in surgical procedure, vaginal delivery, invasive radiological procedures, performing vascular access and procedures (central lines), preparing total parenteral nutrition and chemotherapeutic agents.			
<b>C. Others,(Specify):</b> -----				
<b>IV. Cause of poor adherence with Hand Hygiene</b>				
<input type="checkbox"/> Handwashing agents cause irritation and dryness <input type="checkbox"/> Sinks are inconveniently located/lack of sinks <input type="checkbox"/> Lack of knowledge of guidelines/protocols <input type="checkbox"/> Lack of soap and paper towels	<input type="checkbox"/> Too busy/insufficient time <input type="checkbox"/> Understaffing/overcrowding <input type="checkbox"/> Patient needs take priority <input type="checkbox"/> Low risk of acquiring infection from patients			
<b>V. Onsite education was given</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
HH coordinator signature _____ Date: ___ / ___ / ___				

## Appendix -11 Patient empowerment

**Patient Empowerment**

تمكين المرضى من المشاركة في الرعاية الطبية

**نذرك أن مكافحة العدوى هي مسؤولية الجميع**  
Remember Preventing Infection Is Everyone's Responsibility

أزود من الاستفسر ببرجر الأقسام على العنوان التالي: إدارة مكافحة العدوى - منطقة الصبيحة الحسينية  
مكتب: 12414 - 24917592 - 24917591 - 24917593

**Patient empowerment**

The aim of that leaflet is to help patients become more involved in their health care.

Avoiding contagious diseases like the common cold, strep throat, and the flu is important to everyone.

Here are five easy things you can do to fight the spread of infection.

**Easy ways to avoid the Spread of infection**

- 1 - Clean your hands.
- 2 - Use soap and warm water. Rub your hands really well for at least 15 seconds. Rub your palms, fingers, and between your fingers, and the backs of your hands.
- 3 - Or, if your hands do not look dirty, clean them with alcohol-based hand sanitizers. Rub the sanitizer all over your hands, especially under your nails and between your fingers, until your hands are dry.
- 4 - Clean your hands before touching or eating food. Clean them after you use the bathroom, take out the trash, change a diaper, visit someone who is ill, or play with a pet.
- 5 - Make sure health care providers clean their hands or wear gloves.
- 6 - Doctors, nurses, dentists and other health care providers come into contact with lots of bacteria and viruses. So before they treat you, ask them if they've cleaned their hands.

**تمكين المرضى من المشاركة في الرعاية الطبية**

- الهدف من هذه الإرشادات هو مساعدة المرضى ليصبحوا أكثر إهتماماً ومشاركةً في الرعاية الطبية المقدمة لهم.
- أن تجنب الأفاسين المعدية مثل نزلات البرد، التهاب الحلق والإنفلونزا أمر مهم جداً.
- هناك خطوات سهلة يمكنكم القيام بها لمكافحة انتشار العدوى وأهمها:
- أ - استخدام الماء والصابون لغسل اليدين جيداً لمدة لا تقل عن 15 ثانية مع إثنانة إربطة اليد والظافر و بين الأصابع و ظهر اليد
- ب - إذا كانت اليد تبدو ملوثة فقم بالغسل فوراً باستخدام المطهر الكحولي لغسل اليدين
- ت - يجب تنظيف اليدين قبل تناول الطعام أو تقديمه للغير
- ث - يجب تنظيف اليدين بعد دخول الحمام
- ج - عليك تنظيف يديك قبل وبعد زيارات المرضى
- ـ م - قد بالتأخذ من أى مقدم الرعاية الطبية قد قاموا بتنظيف أيديهم قبل التعامل مع المرضى وأنهم قد اذدوا فإذا جيداً

**YACO**

إرشادات غسل اليدين  
لزوار المراكز الصحية والمستشفيات

**قف ! ساعد في وقف  
انتشار العدوى**

**مكافحة العدوى  
هي مسؤولية الجميع**

أزود من الاستفسر ببرجر الأقسام على العنوان التالي: إدارة مكافحة العدوى - منطقة الصبيحة الحسينية  
مكتب: 12414 - 24917592 - 24917591 - 24917593  
www.yaco.kw.com

**هل غسلت يديك ؟**

**غسل اليدين هو أفضل طريقة  
لمكافحة العدوى عند زيارتك لأحد  
المراكز الصحية**

**من المهم أن تتم عملية غسل  
اليدين بالصورة الصحيحة**

- وذلك باستخدام المطهر الكحولي لغسل اليدين
- وذلك بأخذ الماء الدافئ والصابون حيث أن ذلك يزيد ناخية الجراثيم مما يساعد في مكافحة انتشار العدوى.
- يجب استخدام المطهر الكحولي جيداً لمحفظة كافة مناطق اليدين مع الانتباه لتفاوت ما بين الأصابع وأطراف اليدين والأصابع والأبهام ولا تنسى اليد أيضاً.
- إذا رأيت أحد لم يتم غسل يديه فاطلب بطريقة منه بمفرضة متخصصة القيام بذلك.
- مناطق يتم غسلها للتخلص من العدوى

**نرجو أن تتبع نصائح وإرشادات من  
العديوي ومن أهلاها:**

- تمثيل اليدين عند دخولك وخروجك من المراكز الصحية باستخدام المطهر الكحولي أو غسل اليدين بالماء والصابون.

**يجب غسل اليدين في الحالات التالية:**

- عند دخول المكان الصحي والخروج منه.
- بعد دخول الحمام.
- قبل مائدة الغبار شنوار وتجهيز الطعام.
- بعد العطس أو السعال.

**Hand Washing Technique**

Wet hands and apply soap

**STOP!**  
Help prevent the  
Spread of infection

**Have You Washed  
Your Hands?**

**STOPPING THE SPREAD OF  
INFECTION IS EVERYONE'S  
BUSINESS.**

أزود من الاستفسر ببرجر الأقسام على العنوان التالي: إدارة مكافحة العدوى - منطقة الصبيحة الحسينية  
مكتب: 12414 - 24917592 - 24917591 - 24917593  
www.yaco.kw.com

**How to wash your hands**

Hand Washing is the single most important method of preventing and controlling infection.

When you visit a hospital ward or a clinic please follow the infection control advice given to you by the staff.

This may involve you washing your hands or applying alcohol rub on entering or leaving the ward or a clinic

**Use of alcohol handrub**

In some cases access to handwash basins may not be easy and the use of an alcohol hand rub is recommended. This is often the case when entering hospital wards.

This preparation should be rubbed into all areas of the hands, again paying attention to the thumbs, fingers, between the fingers and the backs of the hands (see diagram overleaf) until the hands feel dry. Sufficient hand rub must be used to treat all areas of the hands.

**If you see that people are not washing their hands, politely ask them to do so.**

**How to wash your hands**

It is important that hand washing is carried out correctly to prevent the spread of infection.

Washing hands with soap and warm water will remove the majority of germs, preventing spread to other people.

Studies show that hand-washing techniques are often poor and the most commonly neglected areas are the tips of the fingers, palm of the hand, and the thumb.

**Areas Frequently Missed**

**Hands should be washed:**

- On entering and leaving a hospital ward or care home setting
- After visiting the toilet
- Before assisting someone with their food
- Before handling, preparing or serving food
- Before eating food
- When the hands are visibly soiled
- After coughing or sneezing into the hands

**Equipment needed for effective hand washing**

- Hand wash basin
- Liquid soap
- Paper towels
- Foot operated pedal bin





## Appendix- 12 A Patient empowerment survey(English)

### Patient Empowerment Survey Questionnaire

The purpose of this survey is to help hospitals and Kuwait Ministry of Health understand what patients think about hand hygiene at this hospital.

This survey should take you about 5 minutes and is voluntary. Completing this survey is your choice and your feedback is important. Select only one answer. Your answers are anonymous.

Hand hygiene is the process of cleaning your hands. There are two methods of hand hygiene: washing with soap and water or the use of an alcohol-based hand rub/ sanitizer.

Today's date: \_\_\_\_\_ (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

1. During your recent stay at hospital, did health care personnel explain Hand Hygiene Program to you?

Yes       No       Not sure

2. In the last 24 hours, have you seen a doctor or health care personnel clean their hands?

(Hand cleaning includes washing with soap and water or using an alcohol-based handrub)

Yes       No       Not sure

3. What would you normally do if you thought a doctor or other health care personnel had not cleaned their hands before they touched you?

Nothing       Say something to my visitor/family member  
 Say something to the health care personnel directly       Not sure  
 Say something to another health care personnel

4. During your recent stay at the hospital, did you remind your doctor(s) and/or other health care personnel to clean their hands?

Yes       No

5. If your answer to the previous question is yes, who did you remind:

Doctors       Nurses       Both       others

6. How comfortable did you feel (or would you feel) reminding your doctor(s) to clean their hands?

Very comfortable       Somewhat uncomfortable  
 Somewhat comfortable       Very uncomfortable

7. How comfortable did you feel (or would you feel) reminding other health care personnel to clean their hands?

Very comfortable       Somewhat uncomfortable  
 Somewhat comfortable       Very uncomfortable

8. Should patients be involved in reminding doctors and other health care personnel to clean their hands?

Yes       No       Not sure

9. Do you think health care personnel clean their hands when they should?

Select one only:

Yes, always       Yes, but very rarely  
 Yes, but only sometimes       No, they never clean their hands when they should

10. Does knowing there is a Hand Hygiene Program at the hospital make you feel more confident about the care being given to you?

Yes, a lot more confident       No, doesn't change how I feel about my care  
 Yes, somewhat more confident       No, it makes me less confident in my care  
 Yes, but only slightly more confident

11. Please indicate if you are a:

Patient       Relative  
 Spouse       Friend

Other (please explain):-----

## استبيان تمكين المرضى انت شريكنا في الرعاية الصحية !!

الغرض من هذه الاستبيان هو فهم ما يفكر به المرضى حول نظافة اليد في المستشفيات و المراكز الصحية.  
 هذا الاستبيان اختياري ويستغرق حوالي 5 دقائق من وقتكم. ملاحظاتك جديرة بالاهتمام.  
 لا تضع اسمك على الاستبيان فالاستبيان لا يحتاج الى التعرف على هويتك. اختيار إجابة واحدة فقط لكل سؤال.

**نظافة اليد** هي عملية تنظيف اليدين. هناك طريقتان لتنظيف اليد: الغسل بالماء والصابون أو استخدام المطهر الكحولي.

تاریخ الیوم: \_\_\_\_\_ (اليوم) \_\_\_\_\_ (شهر) \_\_\_\_\_ (السنة)

1. أثناء إقامتك في المستشفى مؤخرًا، هل قام الطبيب او أحد العاملين في مجال الرعاية الصحية بشرح "برنامج نظافة اليد" لك ؟  
 لا       نعم

2. في الساعات الأربع وعشرون الماضية، هل رأيت طبيب أو أحد العاملين في مجال الرعاية الصحية يقومون بتنظيف أيديهم؟  
 (التنظيف باليد يشمل غسل بالماء والصابون أو باستخدام المطهر الكحولي)  
 لا       نعم       لست متأكدًا

3. ماذا تفعل عادة إذا كنت تعتقد أن الطبيب أو غيره من العاملين في مجال الرعاية الصحية لم يقوموا بتنظيف أيديهم قبل لمسك؟  
 لا شيء       أقول شيئاً لأحد الزائرين / عائلتي  
 لست متأكداً       أقول شيئاً للعامل في مجال الرعاية الصحية مباشرة  
 أقول شيئاً لعامل اخر في مجال الرعاية الصحية

4. أثناء إقامتك في المستشفى مؤخرًا، هل ذكرت الطبيب الخاص بك أو غيره من العاملين في مجال الرعاية الصحية لتنظيف أيديهم؟  
 لا       نعم

5. إذا كانت إجابتك على السؤال السابق نعم، من قمت بتذكيره؟       طبيب       ممرض       كلاهما       آخر

6. كيف كان شعورك بالراحة (أو سيكون شعورك) عند تذكير الطبيب الخاص بك لتنظيف يديه ؟  
 غير مريح إلى حد ما       مريح للغاية  
 غير مريح للغاية       مريح إلى حد ما

7. كيف كان شعورك بالراحة (أو سيكون شعورك) عند تذكير غيرهم من العاملين في مجال الرعاية الصحية لتنظيف أيديهم؟  
 غير مريح إلى حد ما       مريح للغاية  
 غير مريح للغاية       مريح إلى حد ما

8. هل ينبغي أن يشارك المرضى في تذكير الأطباء وغيرهم من العاملين في مجال الرعاية الصحية لتنظيف أيديهم؟  
 لا       نعم       لست متأكداً

9. هل تعتقد أن العاملين في مجال الرعاية الصحية يقومون بتنظيف أيديهم عندما يجب عليهم ذلك؟  
 نعم، دائمًا       لا، لا يقومون بتنظيف أيديهم عندما يجب عليهم ذلك  
 نعم، ولكن في بعض الأحيان فقط

10. هل معرفتك بوجود برنامج لنظافة اليد في المستشفى يجعلك تشعر بمزيد من الثقة حول الرعاية الصحية المقدمة لك ؟  
 لا، لا يغير ما أشعر به تجاه الرعاية الصحية المقدمة لي  
 لا، يجعلني أقل ثقة في الرعاية الصحية المقدمة لي  
 نعم، إلى حد ما أكثر ثقة  
 نعم، ولكن قليلاً فقط من الثقة

11. يرجى بيان ما إذا كنت:

-----  صديق       قريب       مريض  
 -----  زوج ازوجة       آخر (يرجى التوضيح): -----

نشكرك على وقتك لإكمال هذا الاستبيان. ملاحظاتك قيمة جدا.