Each year the WHO SAVE LIVES: Clean Your Hands campaign aims to maintain a global profile on the importance of hand hygiene in health care and to ‘bring people together’ in support of hand hygiene improvement globally.
2016

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

• Improving hand hygiene practices in all surgical services throughout the continuum of care, from surgical wards and operating theatres, to outpatient surgical services, is the primary focus of WHO's 5 May 2016 campaign.

• Hand hygiene action is known to be the key measure in preventing health care-associated infection and addressing the particular burden of surgical site infection is a priority.

• The first Global guidelines on surgical site infection prevention will be issued by WHO later in 2016. This work builds on the goals of two previous WHO global patient safety challenges, Clean Care is Safer Care and Safe Surgery Saves Lives.
The problem (1)

• Preventing infections and reducing this avoidable burden on health systems is still critical across the world today, and is part of making sure every health care setting provides safe, quality care within resilient health systems.

• Surgical site infections are a risk for every health care facility and are increasingly considered a major public health problem. This was featured in a WHO report (2011).
Problem (cont’) & some solutions

• Considering the priority of hand hygiene improvement in the broader context, this year's campaign aims to support the water, sanitation and hygiene (WASH) agenda, knowing that 35% of health care facilities still do not have soap and water for hand hygiene, among other things.

• The WHO Hand Hygiene Improvement Toolkit can help anyone, in any setting to participate in this global campaign.

• The Hand Hygiene Self-Assessment Framework can provide a status of health facilities, in relation to IPC and WASH.
How the 2016 campaign focus supports a solution (1)

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

Focus on caring for a patient with an endotracheal tube

1. **Before Touching a Patient**
   - Immediately before any manipulation of the endotracheal tube and any respiratory tract care, such as:
     - Performing nasal care, oral care, or securing the endotracheal or tracheostomy tube (before putting on clean, non-sterile gloves).
     - Endotracheal aspiration or sampling of the respiratory tract through bronchoscopic larynx or mini-bronchoscopic larynx (before putting on sterile gloves).

2. **Before Performing Procedures**
   - Immediately after any fluid exposure, such as:
     - Performing oral care or securing the endotracheal or tracheostomy tube.
     - Endotracheal aspiration or sampling of the respiratory tract, or any other contact with mucous membranes, respiratory secretions, or objects contaminated with respiratory secretions.

3. **After Risks Fluid Exposure**
   - Immediately after any task involving the urinary catheter or drainage system that could lead to urine exposure, such as:
     - Collecting a urine sample.
     - Removing the urinary catheter.

4. **After Touching a Patient**
   - Immediately before any manipulation of the urinary catheter or drainage system that could lead to contamination of the sterile urine, such as:
     - Inserting or applying an indwelling, intermittent straight, or condom catheter.

5. **After Touching Patient Surroundings**
   - Immediately before any manipulation of the urinary catheter or drainage system that could lead to contamination of the sterile urine, such as:
     - Collecting a urine sample.
     - Removing the urinary catheter.

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**Key additional considerations for adult patients with endotracheal tubes**

- Avoid intubation and use non-invasive ventilation whenever appropriate.
- If possible, provide endotracheal tubes with subglottic secretion drainage ports for patients likely to require more than 48 hours of intubation.
- Elevate the head of the bed to 30-45°.
- Manage ventilated patients without sedatives whenever possible.

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**5 Key Additional Considerations for a Patient with a Urinary Catheter**

- Make sure that there is an appropriate indication for the indwelling urinary catheter.
- Use a closed urinary drainage system, and keep it closed.
- Insert the catheter aseptically using sterile gloves.
- Assess the patient at least daily to determine whether the catheter is still necessary.
- Patients with indwelling urinary catheters do not need antibiotics (including for asymptomatic bacteriuria), unless they have a documented infection.
My 5 Moments for Hand Hygiene
Focus on caring for a patient with a central venous catheter

1. Before touching a patient
2. Before clean a patient
3. After body fluid exposure
4. After touching a patient
5. After touching patient

Key additional considerations for central intravenous catheters

1. Indication: Ensure that a central intravenous catheter is indicated. Remove the catheter when no longer needed clinically.
2. Insertion/maintenance/removal
   2.1 Avoid inserting catheters into the foot vein or under pressure.
   2.2 Change the entire set of use and inject on the first and second day.
   2.3 Use full sterile barrier precautions during insertion (cap, surgical mask, sterile gloves, sterile gown, large sterile drape).
   2.4 Replace gauze dressing every 2 days and transparent dressing every 3 days with dressing whenever visibly soiled.
3. Indicate: Change the first dressing: sterile tape, gauze.
4. Change: Change the entire set of use and inject on the first and second day.

Key additional considerations for peripheral intravenous catheters

1. Indication: Ensure that a peripheral intravenous catheter is indicated. Remove the catheter when no longer necessary clinically.
2. Insertion/maintenance/removal
   2.1 Change tubing used to administrate blood, blood products, chemotherapy, and fat emulsions within 24 hours of infusion start. Consider changing all other tubing every 96 hours.
   2.2 Use aseptic technique with no-touch technique for all catheter manipulations.
   2.3 “Scrub the hub” with alcohol-based chlorhexidine-gluconate for at least 15 seconds.
   2.4 Change tubing used to administrate blood, blood products, chemotherapy, and fat emulsions within 24 hours of infusion start. Consider changing all other tubing every 96 hours.
3. Insertion/maintenance/removal
   2.1 Change tubing used to administrate blood, blood products, chemotherapy, and fat emulsions within 24 hours of infusion start. Consider changing all other tubing every 96 hours.
   2.2 Change the first dressing: sterile tape, gauze.
4. Indicate: Change the first dressing: sterile tape, gauze.
5. Change: Change the entire set of use and inject on the first and second day.
COMING NEXT -
MY 5 MOMENTS FOR HAND HYGIENE
FOCUSING ON CARING FOR A PATIENT
WITH A POST-OPERATIVE SURGICAL
WOUND
How the 2016 campaign focus supports a solution (2)

• A WHO report on the 2015 global Hand Hygiene Self-Assessment Framework survey demonstrates progress in hand hygiene standards across the world

• A report on the global consumer survey on HAI and hand hygiene perceptions – 5 May

• Encouragement of facilities to sign up to the campaign if they have not already done so
Check for the numbers of campaign registered facilities here

http://www.who.int/gpsc/5may/registration_update/en/
How the 2016 campaign focus supports a solution (3)
- engaging the world

• A free global teleclass by leading expert Professor Didier Pittet on 4 May - “Webber teleclass”

• ‘See your hands, with a surgical colleague’ – have your photograph taken using a WHO board and hashtag for 2016 – poster and “how to guide” explains what to do

• ‘24hr tour’ – how hand hygiene supports safe surgical care – join Professors Benedetta Allegranzi and Didier Pittet along with leading experts from around the world at 6 different times in 6 different regions over 2 & 3 May
What you can do

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

[link to WHO website]

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