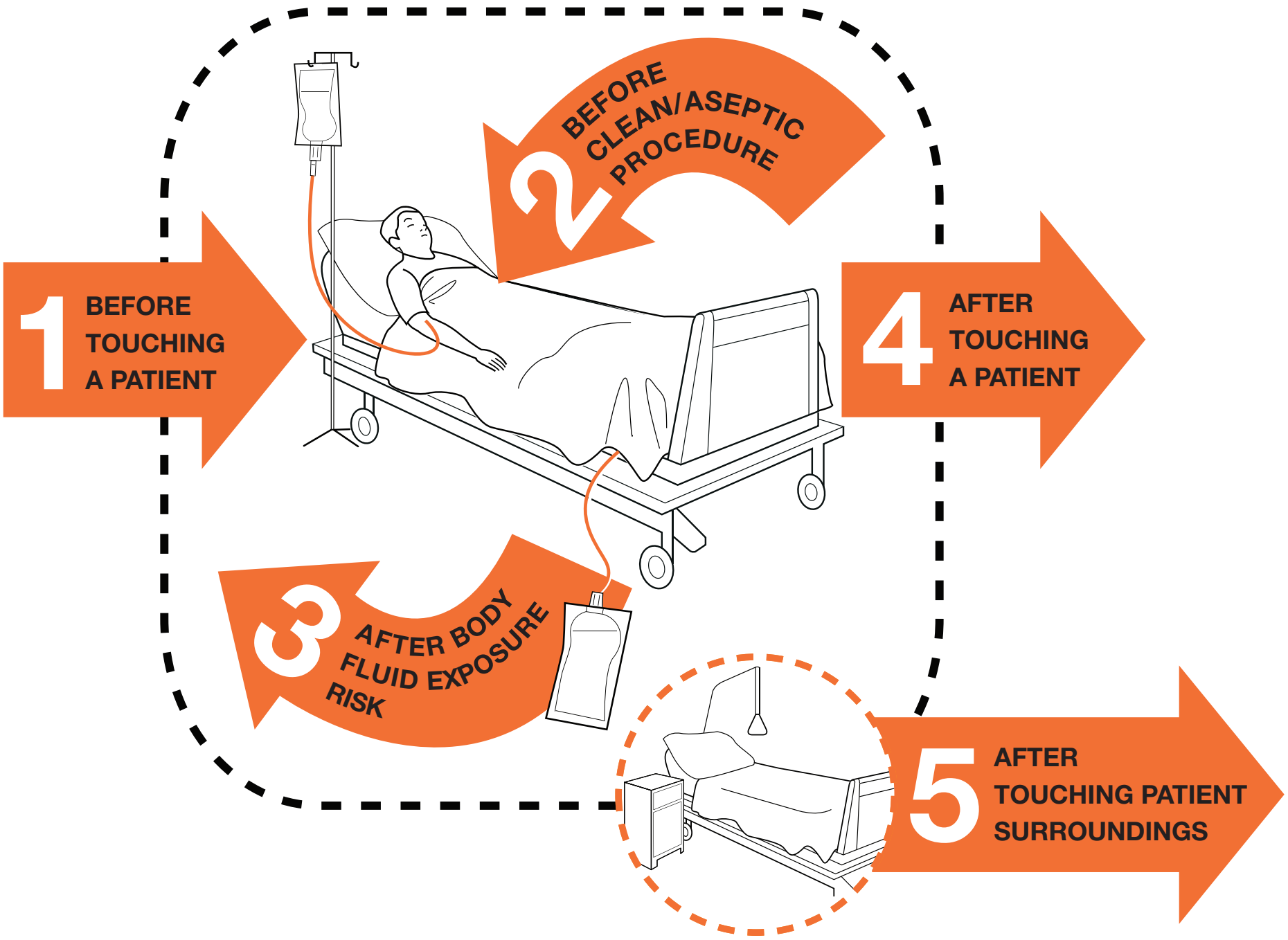
Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	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.

World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean **Your** Hands

WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

May 2009

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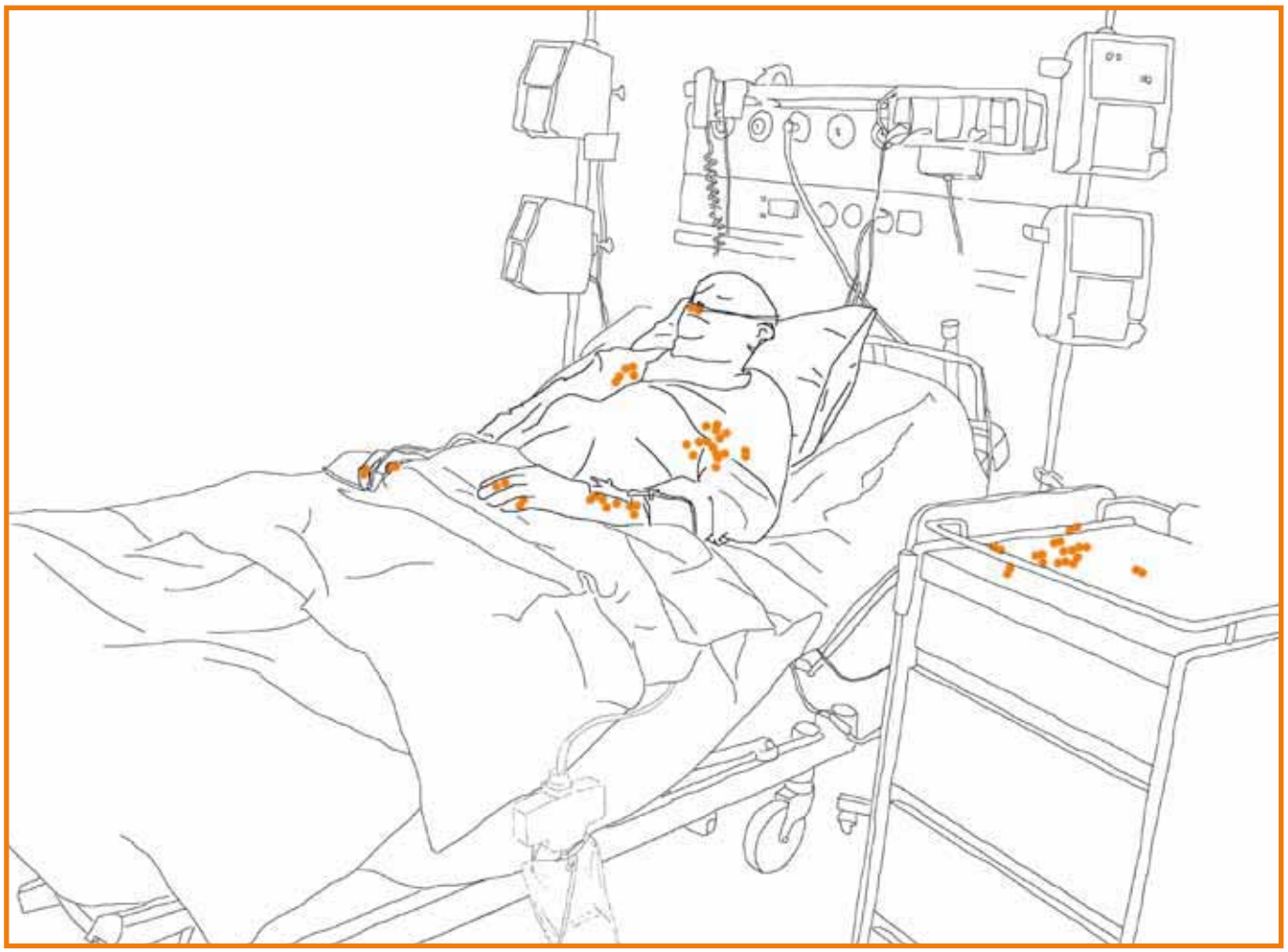
WHO Guidelines on Hand Hygiene in Health Care

First Global Patient Safety Challenge Clean Care is Safer Care

Figure I.7.1
Organisms present on patient skin or the immediate environment

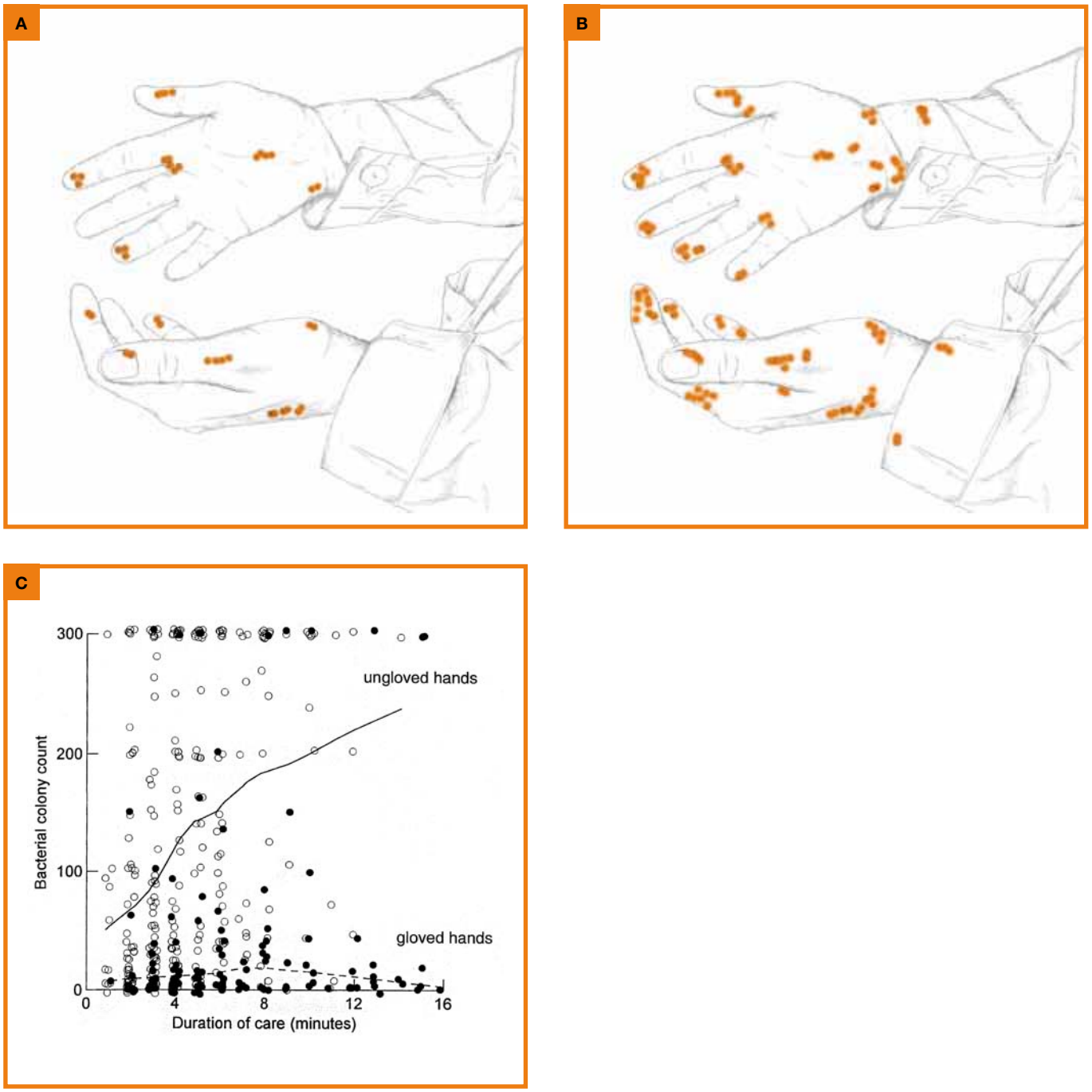


A bedridden patient colonized with Gram-positive cocci, in particular at nasal, perineal, and inguinal areas (not shown), as well as axillae and upper extremities. Some environmental surfaces close to the patient are contaminated with Gram-positive cocci, presumably shed by the patient. Reprinted from Pittet, 2006[885] with permission from Elsevier.

Figure I.7.2
Organism transfer from patient to HCWs' hands

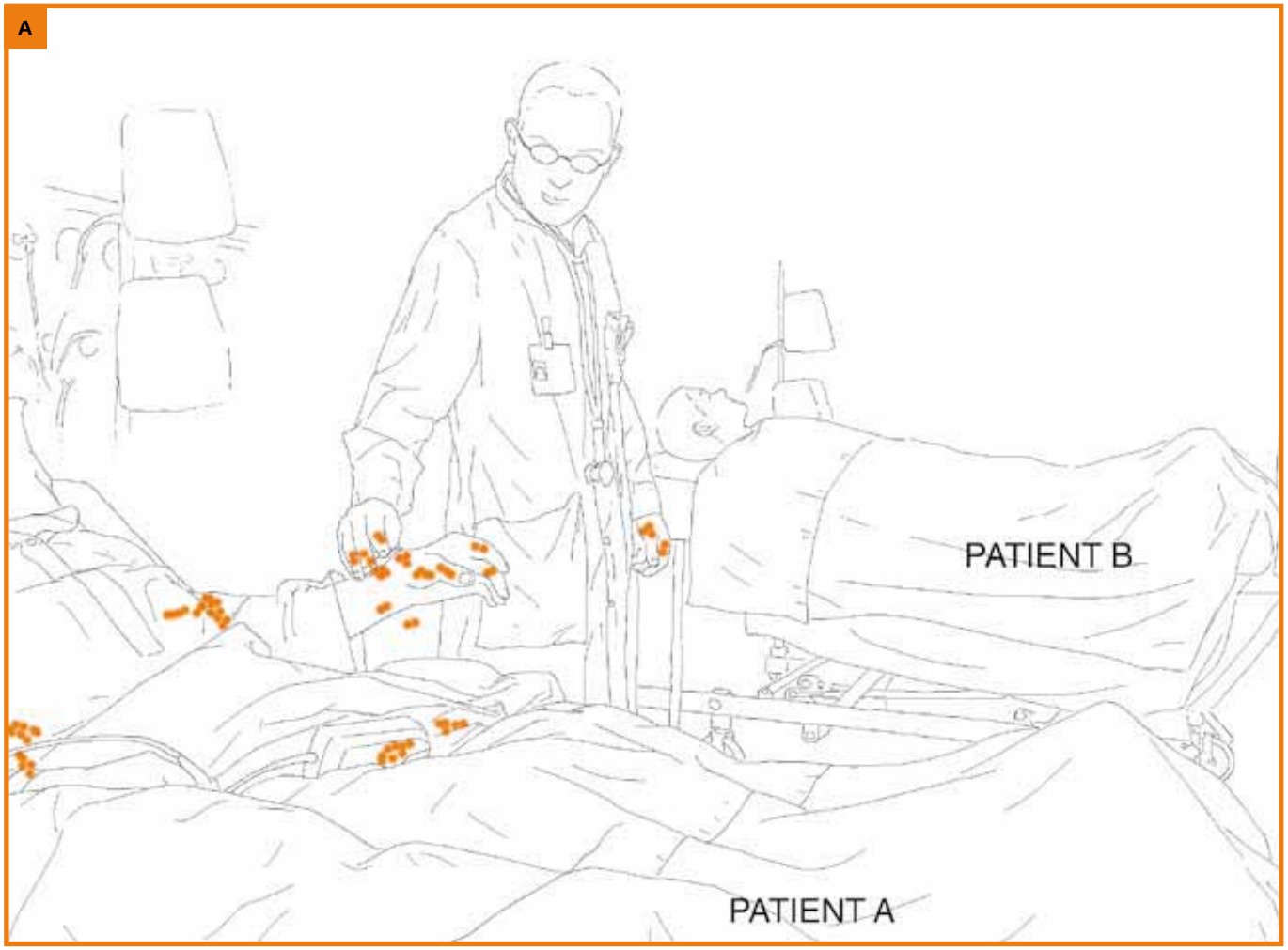
Contact between the HCW and the patient results in cross-transmission of microorganisms. In this case, Gram-positive cocci from the patient's own flora transfer to HCW's hands. Reprinted from Pittet, 2006[885] with permission from Elsevier.

Figure I.7.3
Organism survival on HCWs' hands*



(A) Microorganisms (in this case Gram-positive cocci) survive on hands. Reprinted from Pittet, 2006[885] with permission from Elsevier.
(B) When growing conditions are optimal (temperature, humidity, absence of hand cleansing, or friction), microorganisms can continue to grow. Reprinted from Pittet, 2006[885] with permission from Elsevier.
(C) Bacterial contamination increases linearly over time during patient contact. Adapted with permission from Pittet, 1999.[14]
* The figure intentionally shows that long-sleeved white coats may become contaminated by microorganisms during patient care. Although evidence to formulate it as a recommendation is limited, long sleeves should be avoided.

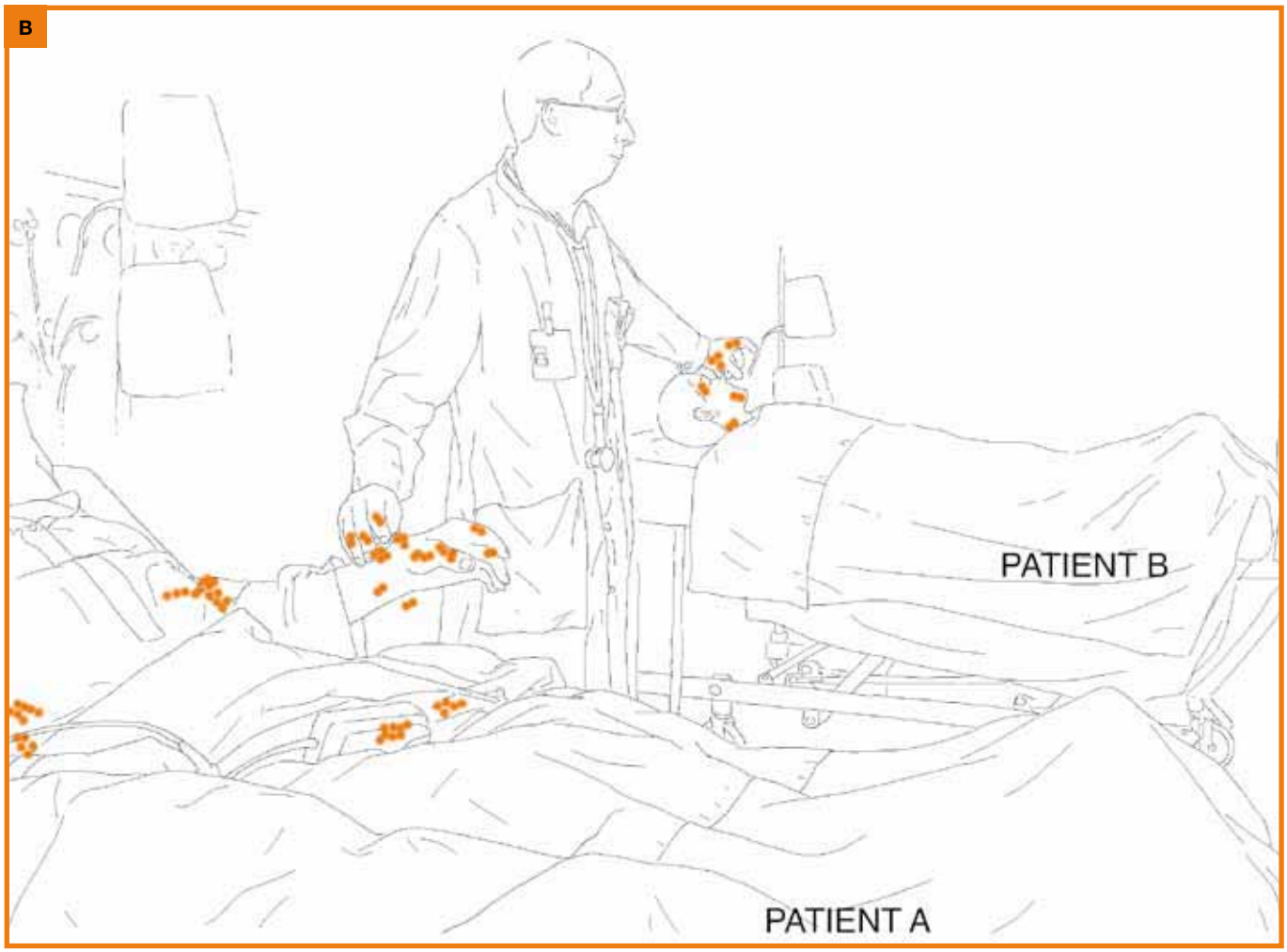
Figure I.7.5a
Failure to cleanse hands results in between-patient cross-transmission*



(A) The doctor had a prolonged contact with patient A colonized with Gram-positive cocci and contaminated his hands. Reprinted from Pittet, 2006[885] with permission from Elsevier.

* The figure intentionally shows that long-sleeved white coats may become contaminated by microorganisms during patient care. Although evidence to formulate it as a recommendation is limited, long sleeves should be avoided.

Figure I.7.5b
Failure to cleanse hands results in between-patient cross-transmission*



(B) The doctor is now going to have direct contact with patient B without cleansing his hands in between. Cross-transmission of Gram-positive cocci from patient A to patient B through the HCW's hands is likely to occur. Reprinted from Pittet, 2006[885] with permission from Elsevier.
* The figure intentionally shows that long-sleeved white coats may become contaminated by microorganisms during patient care. Although evidence to formulate it as a recommendation is limited, long sleeves should be avoided.

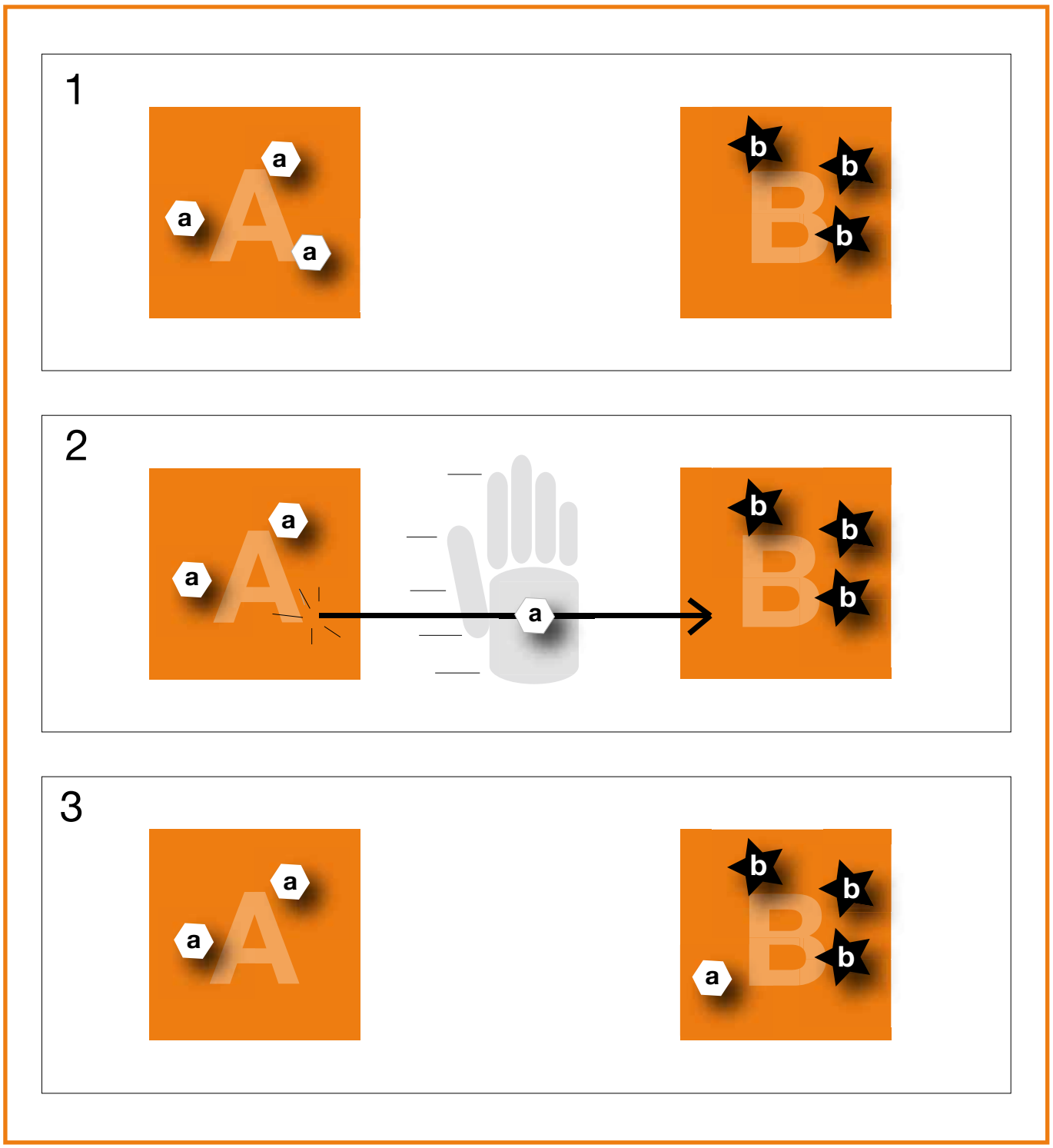
Figure I.7.6

Failure to cleanse hands during patient care results in within-patient cross-transmission*

The doctor is in close contact with the patient. He touched the urinary catheter bag previously and his hands are contaminated with Gram-negative rods from touching the bag and a lack of subsequent hand cleansing. Direct contact with patients or patients' devices would probably result in cross-transmission. Reprinted from Pittet with permission from Elsevier, 2006.[885]

* The figure intentionally shows that long-sleeved white coats may become contaminated by microorganisms during patient care. Although evidence to formulate it as a recommendation is limited, long sleeves should be avoided.

Figure I.21.4
Core elements of hand transmission



1) Donor surface “A” contains microorganisms “a”; receptor surface “B” contains microorganisms “b”.
2) A hand picks up a microorganism “a” from donor surface “A” and carries it over to receptor surface “B”, no hand hygiene action performed.
3) Receptor surface “B” is now cross-contaminated with microorganism “a” in addition to original flora “b”. The arrow marks the opportunity for hand hygiene, e.g. the time period and geographical dislocation within which hand hygiene will prevent cross-transmission; the indications for hand hygiene are determined by the need to protect surface “B” against colonisation with “a” – the preventable negative outcome in this example.

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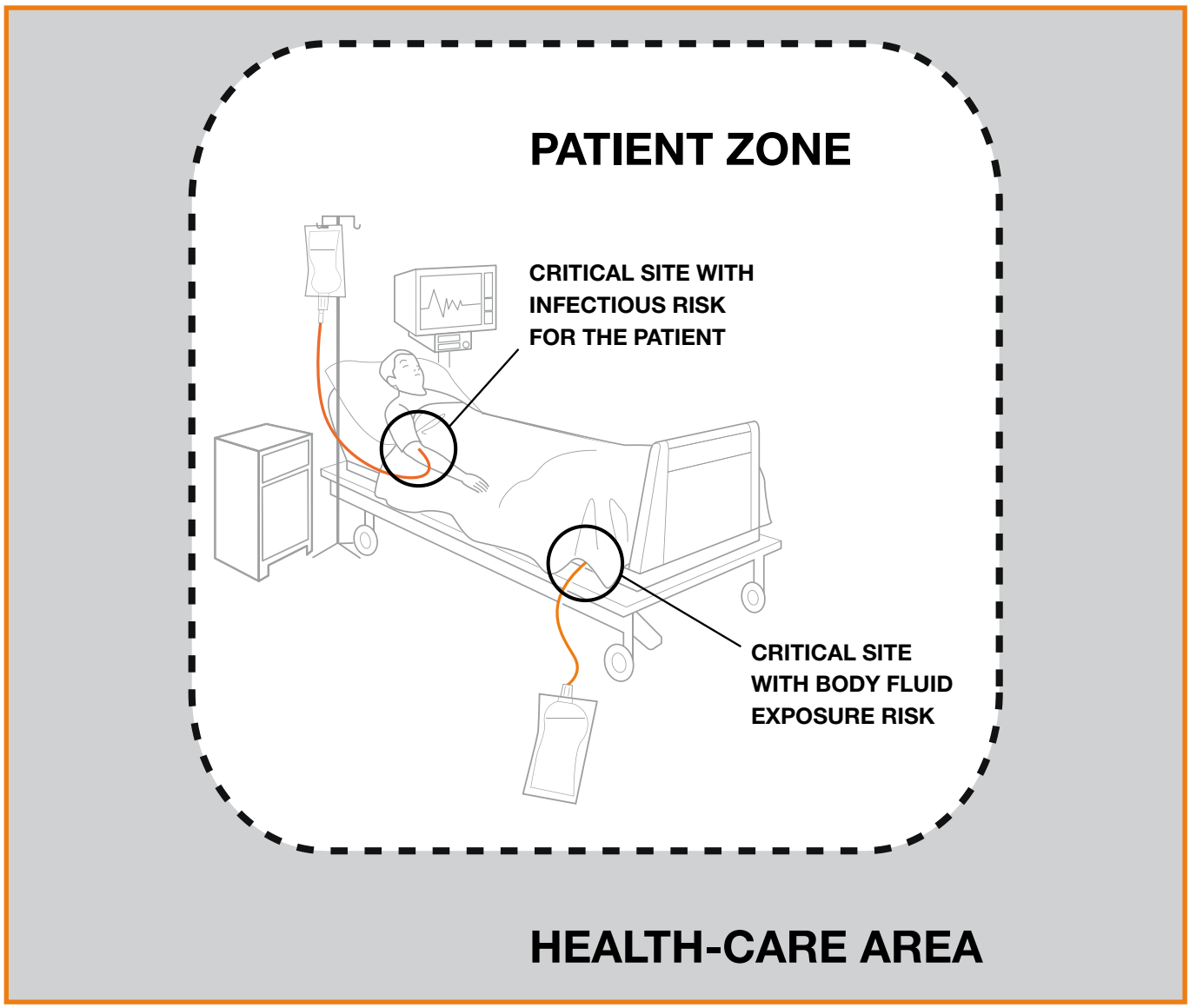
Figure I.21.5a
Unified visuals for "My five moments for hand hygiene"



The *patient zone* is defined as the patient's intact skin and his/her immediate surroundings colonized by the patient flora and the *health-care area* as containing all other surfaces.
Symbols for *critical sites with infectious risk for the patient* and *critical sites with body fluid exposure risk*, two critical sites for hand hygiene within the patient zone (Figure I.21.5a).
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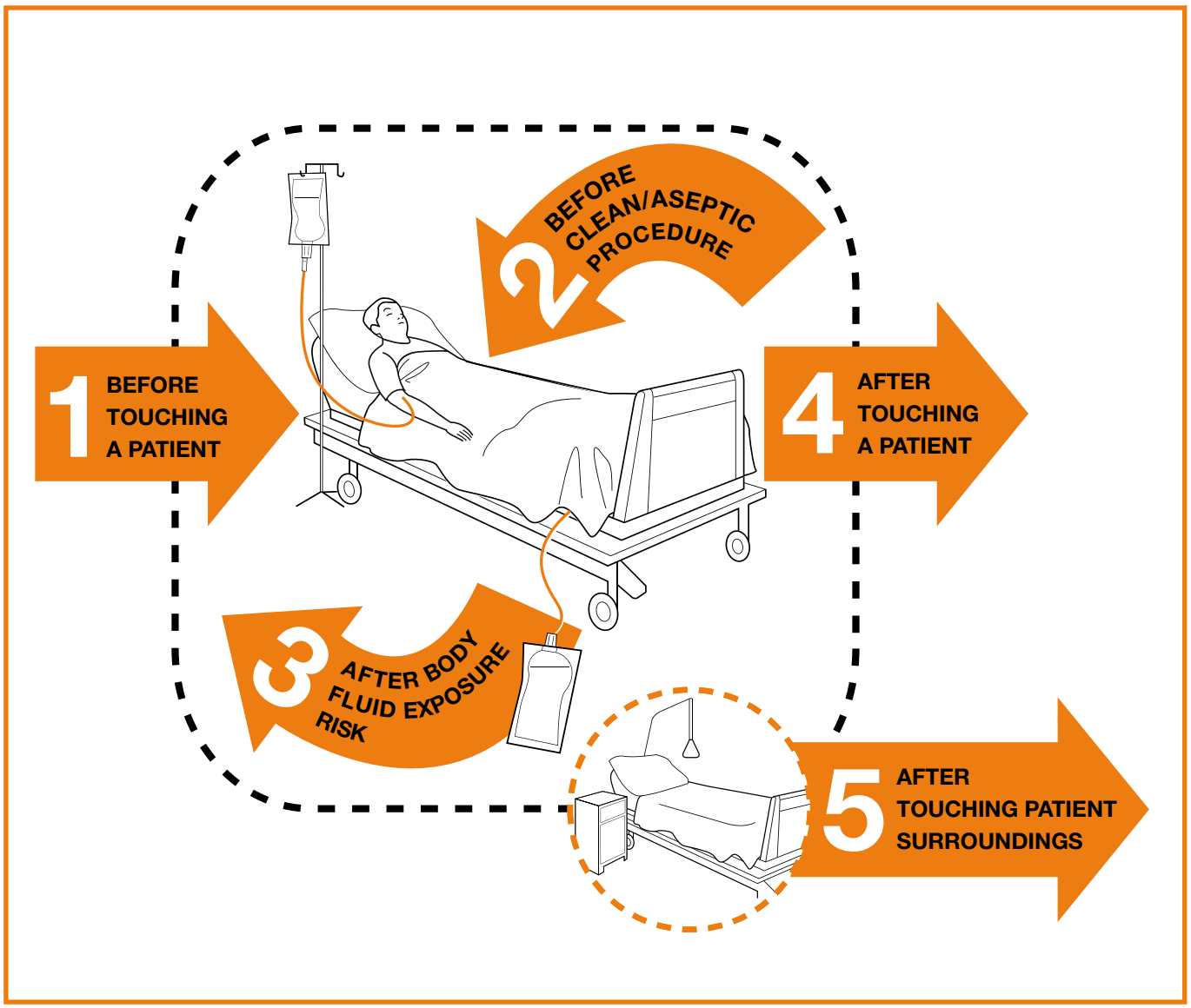
Figure I.21.5b
Unified visuals for "My five moments for hand hygiene"



The *patient zone, health-care area,* and *critical sites* with inserted time-space representation of "My five moments for hand hygiene" (Figure I.21.5b).
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Figure I.23.5
Different types of dispensers at the point of care (Cont.)

Dispenser fixed to the medicine trolley

Euro dispenser with spill tray

Pump dosing device for placement on the container/bottle

Pocket bottles (snap-cap and pump) and clip-on dispensers