清洁双手

@分秒之间

挽救生命

天津市第四中心医院　高斌

By Bin GAO, M.D.

确凿的事实
Key facts and figures I

- 全球每100名患者中，将有7名（发达国家）或15名（发展中国家)在急救医院发生至少一种HAI。
- 在中、低收入国家，成人重症监护室的HAI发生率是高收入国家2～3倍，新生儿HAI发生率是高收入国家的3～20倍。
- 在欧盟和欧洲经济区的急救和长期照护机构中，每年有890万例HAI发生。
- 全球每年的410万例孕产妇和新生儿死亡事件中，有100万例可能与不卫生的分娩操作有关，包括手卫生的缺乏。

确凿的事实

Key facts and figures II

- 标准的手卫生可预防多达50%的可避免的院内感染（包括医务人员的相关感染）。
- 世卫组织多模式手卫生改善策略已被证实非常有效，可以显著改善关键的手卫生指标，减少医院感染(HAIs)和抗菌药物耐药性的发生与爆发。
- 恰当的手卫生可降低医务人员感染COVID-19(SARS-CoV-2)的风险。
- 投资手卫生会产生巨大的回报。遵循手卫生政策所挽救的经济损失平均是实施成本的16倍。

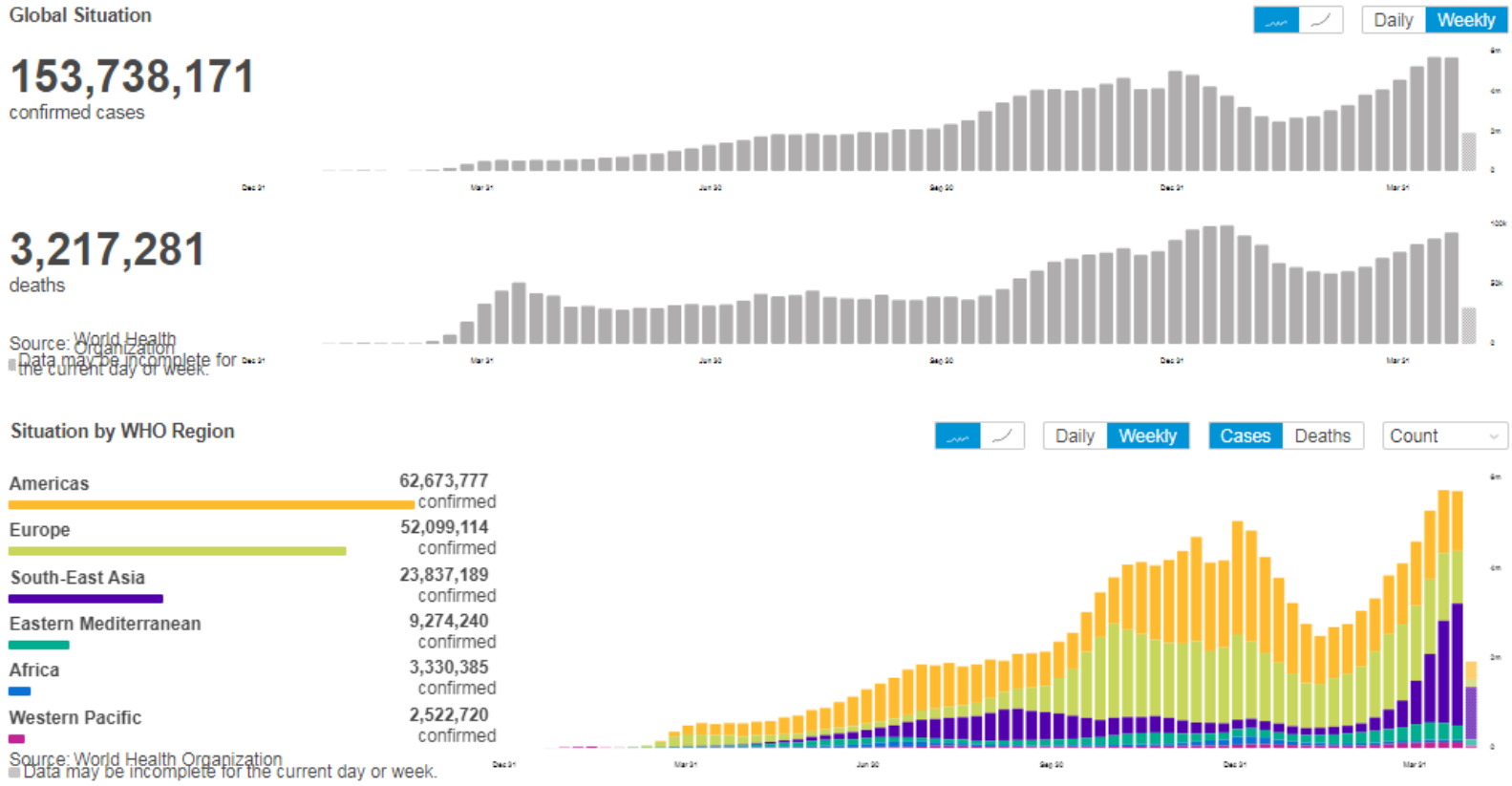
确凿的事实
Key facts and figures III

- 全球1/4的医疗卫生机构缺乏基本供水。
- 全球1/3的医疗卫生机构在提供照护服务时，缺乏手卫生设备。
- 在低收入国家中，仅有9%的医疗机构在护理危重患者时，遵守了手卫生的正确做法。
- 在高收入国家中，医疗卫生机构能遵守正确手卫生的占比很少超过70%。

Ha ng
giv lk to a
wo n and
cor e, is
fur care
sys ealth
wo ery
sin es to
qu ng
Sus and
als on,
hyg
ant

2021年WHO手卫生日简介

从来没有比现在更需要推动手卫生了

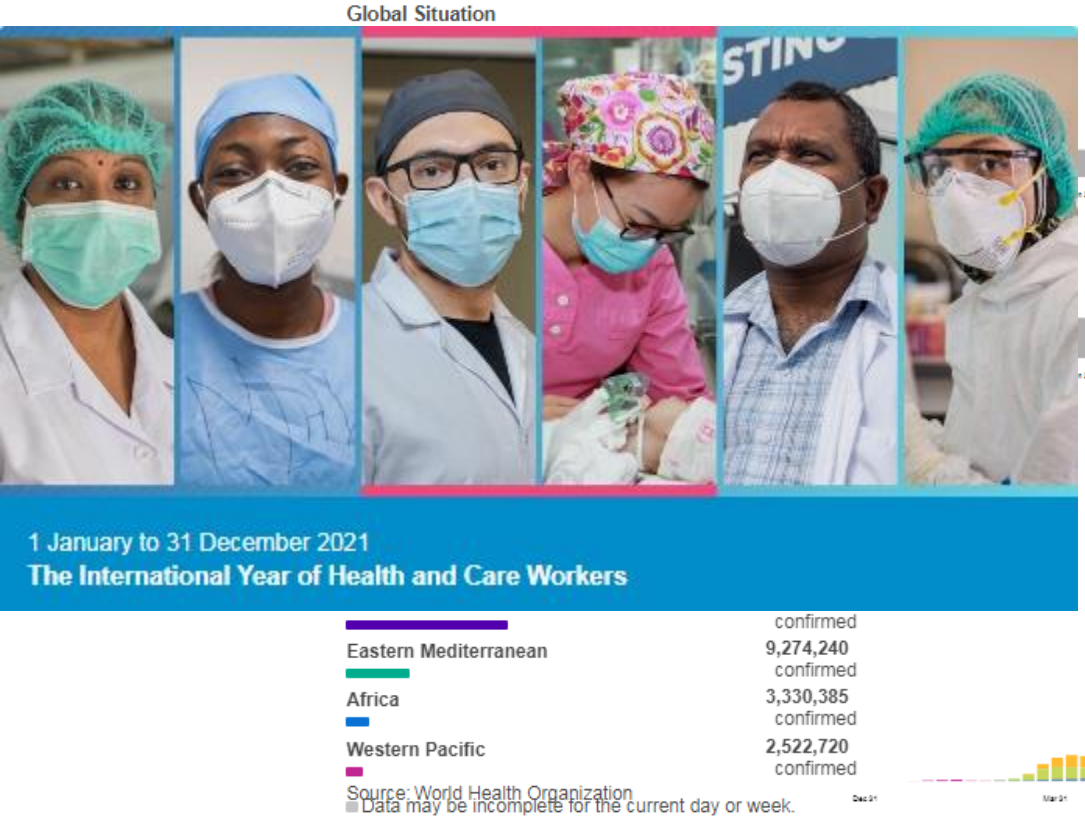


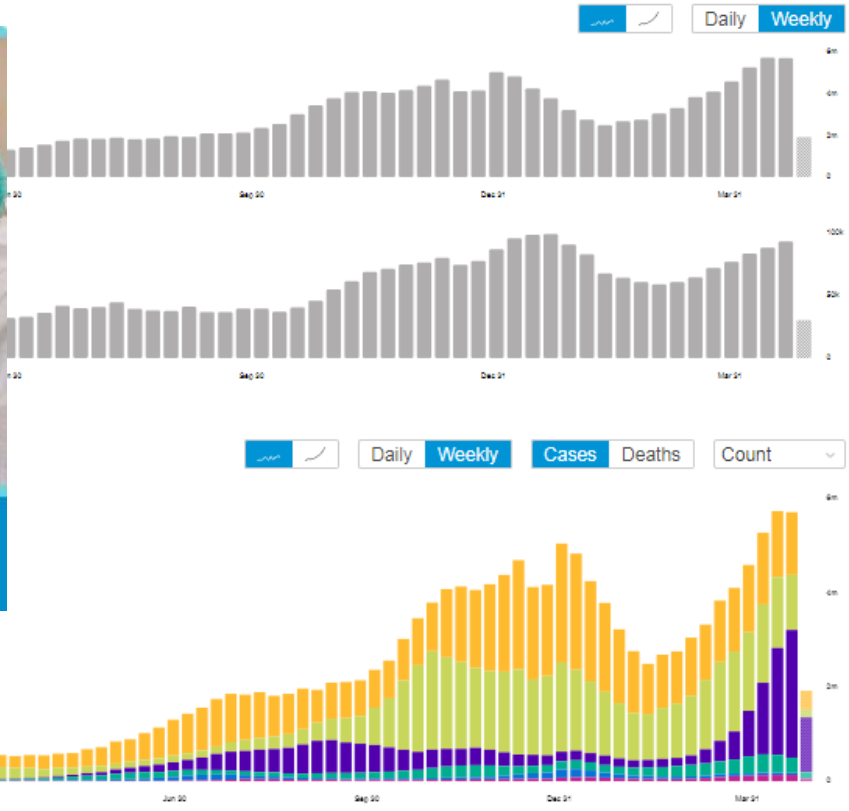
By Bin GAO, M.D.

https://covid19.who.int/

2021年WHO手卫生日简介

从来没有比现在更需要推动手卫生了



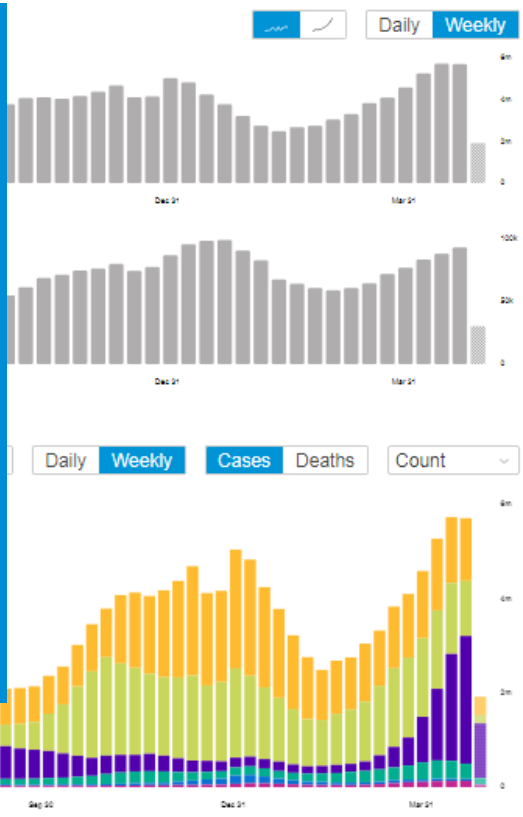


By Bin GAO, M.D.

https://www.who.int/campaigns/annual-theme/year-of-health-and-care-workers-2021
https://covid19.who.int/

2021年WHO手卫生日简介

从来没有比现在更需要推动手卫生了



Africa
confirmed
Western Pacific
2,522,720
confirmed
Source: World Health Organization
Data may be incomplete for the current day or week.

By Bin GAO, M.D.

https://covid19.who.int/
https://www.who.int/images/default-source/health-topics/coronavirus/health-care-facilities_8_1-01.png?Status=Master&sfvrsn=823c9ad5_3/

2021年WHO手卫生日简介

从来没有比现在更需要推动手卫生了

By Bin GAO, M.D.

https://www.who.int/images/default-source/health-topics/coronavirus/myth-busters/web-mythbusters/myth_busters_hand_washing_4_5_2.jpg

2021年WHO手卫生日简介

从来没有比现在更需要推动手卫生了

Recommendations to Member States to improve hand hygiene practices to help prevent the transmission of the COVID-19 virus

Interim guidance
1 April 2020

World Health Organization

WHO recommendations:

1. One or several hand hygiene stations (either for handwashing with soap and water[a] or for hand rubbing with an alcohol-based hand rub)[b] should be placed in front of the entrance of every public (including schools and healthcare facilities) or private commercial building, to allow everyone to practice hand hygiene before entering and when leaving it.
2. Facilities should be provided at all transport locations, and especially at major bus and train stations, airports, and seaports.
3. The quantity and usability of the hand hygiene stations should be adapted to the type (e.g. young children, elderly, those with limited mobility) and number of users to better encourage use and reduce waiting time.
4. The installation, supervision, and regular refilling of the equipment should be the overall responsibility of public health authorities and delegated to building managers. Private sector and civil society initiatives to support the commodities, maintenance, and effective use are welcome.
5. The use of public hand hygiene stations should be obligatory before passing the threshold of the entrance to any building and to any means of public transport during the COVID-19 pandemic. Repeated hand hygiene whenever outside private homes can in this way become part of the routine of everyday life in all countries.
6. All private and public health care facilities should establish or strengthen their hand hygiene improvement multimodal programmes[c] and rapidly ensure at a minimum procurement of adequate quantities of quality hand hygiene supplies, refresher hand hygiene training, and reminders and communications about the importance of hand hygiene in preventing the spread of the COVID-19 virus.
7. Local health authorities should ensure the continuous presence of functional hand hygiene stations (either alcohol-based hand rub dispensers[d] or soap, water, and disposable towels) for all health care workers at all points of care, in areas where personal protective equipment (PPE) is put on or taken off, and where health care waste is handled. In addition, functional hand hygiene stations should be available for all patients, family members, and visitors, and within 5 m of toilets, as well as at entrances and exits, in waiting and dining rooms, and other public areas.[5] Local production of alcohol-based hand rub formulations in national, sub-national or hospital pharmacies or by private companies should be strongly encouraged according to WHO guidance especially if commercial options are limited or too costly.[6]
8. Health care workers should perform hand hygiene using the proper technique[7] and according to the instructions known as "My 5 moments for hand hygiene,"[7] in particular, before putting on PPE and after removing it, when changing gloves, after any contact with a patient with suspected or confirmed COVID-19 virus, their waste, or the environment in the patients' immediate surroundings, after contact with any respiratory secretions, before food preparation and eating, and after using the toilet.
9. All health care facilities are strongly encouraged to participate actively in the WHO Save Lives: Clean Your Hands campaign before and on 5 May 2020[8] and to respond to the United Nations Secretary-General's Global Call to Action on WASH in health care facilities.[9]

Morbidity and Mortality Weekly Report

Initial Public Health Response and Interim Clinical Guidance for the 2019 Novel Coronavirus Outbreak — United States, December 31, 2019–February 4, 2020

Anita Patel, PharmD[1]; Daniel B. Jernigan, MD[1]; 2019-nCoV CDC Response Team

By Bin GAO, M.D.

2021年WHO手卫生日简介

从来没有比现在更需要推动手卫生了

American Journal of Infection Control 48 (2020) 890–896

Contents lists available at ScienceDirect

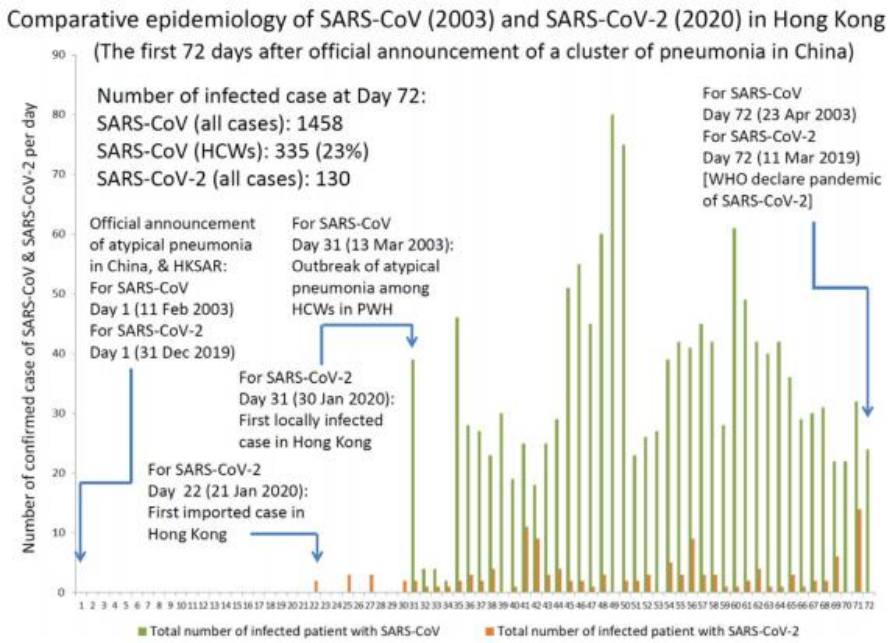
American Journal of Infection Control

journal homepage: www.ajicjournal.org

Major Article

Absence of nosocomial transmission of coronavirus disease 2019 (COVID-19) due to SARS-CoV-2 in the prepandemic phase in Hong Kong

Vincent C.C. Cheng MD [a,b,1], Shuk-Ching Wong MNurs [b,1], Vivien W.M. Chuang FRCPath [c], Simon Y.C. So MSc [a], Jonathan H.K. Chen PhD [a], Siddharth Sridhar FRCPath [d], Kelvin K.W. To MD [d], Jasper F.W. Chan MD [d], Ivan F.N. Hung MD [c], Pak-Leung Ho MD [d], Kwok-Yung Yuen MD [d,*]



Infection Control & Hospital Epidemiology (2021), 1–10
doi:10.1017/ice.2021.119

Original Article

Multipronged infection control strategy to achieve zero nosocomial coronavirus disease 2019 (COVID-19) cases among Hong Kong healthcare workers in the first 300 days of the pandemic

Vincent Chi-Chung Cheng MD[1,2,a], Shuk-Ching Wong MNurs[1,a], Danny Wah-Kun Tong PhD[3], Vivien Wai-Man Chuang FRCPath[4], Jonathan Hon-Kwan Chen PhD[2], Larry Lap-Yip Lee MBBS[5], Kelvin Kai-Wang To MD[6], Ivan Fan-Ngai Hung MD[7], Pak-Leung Ho MD[6], Deacons Tai-Kong Yeung MBBS[8], Kin-Lai Chung MBBS[4] and Kwok-Yung Yuen MD[6]

Journal of Hospital Infection 105 (2020) 779–781

Available online at www.sciencedirect.com

Journal of Hospital Infection

journal homepage: www.elsevier.com/locate/jhin

tter to the Editor

it possible to achieve 100 rcent hand hygiene compliance ring the coronavirus disease 19 (COVID-19) pandemic?

COVID-19 patients. During the COVID-19 pandemic, hand hygiene compliance among HCWs in ward A was 100% (30/30), which was significantly higher than the hand hygiene compliance among HCWs in ward B (83.3%, 35/42; $P = 0.037$) in the first quarter of 2020. We further analysed the yearly hand hygiene compliance among HCWs in ward A and ward B from 2016 to 2019, and found

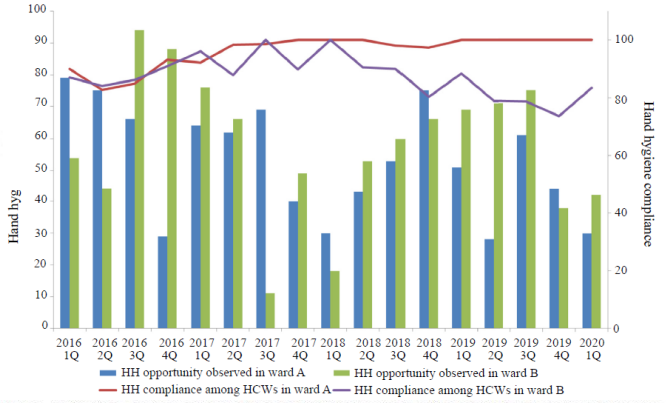
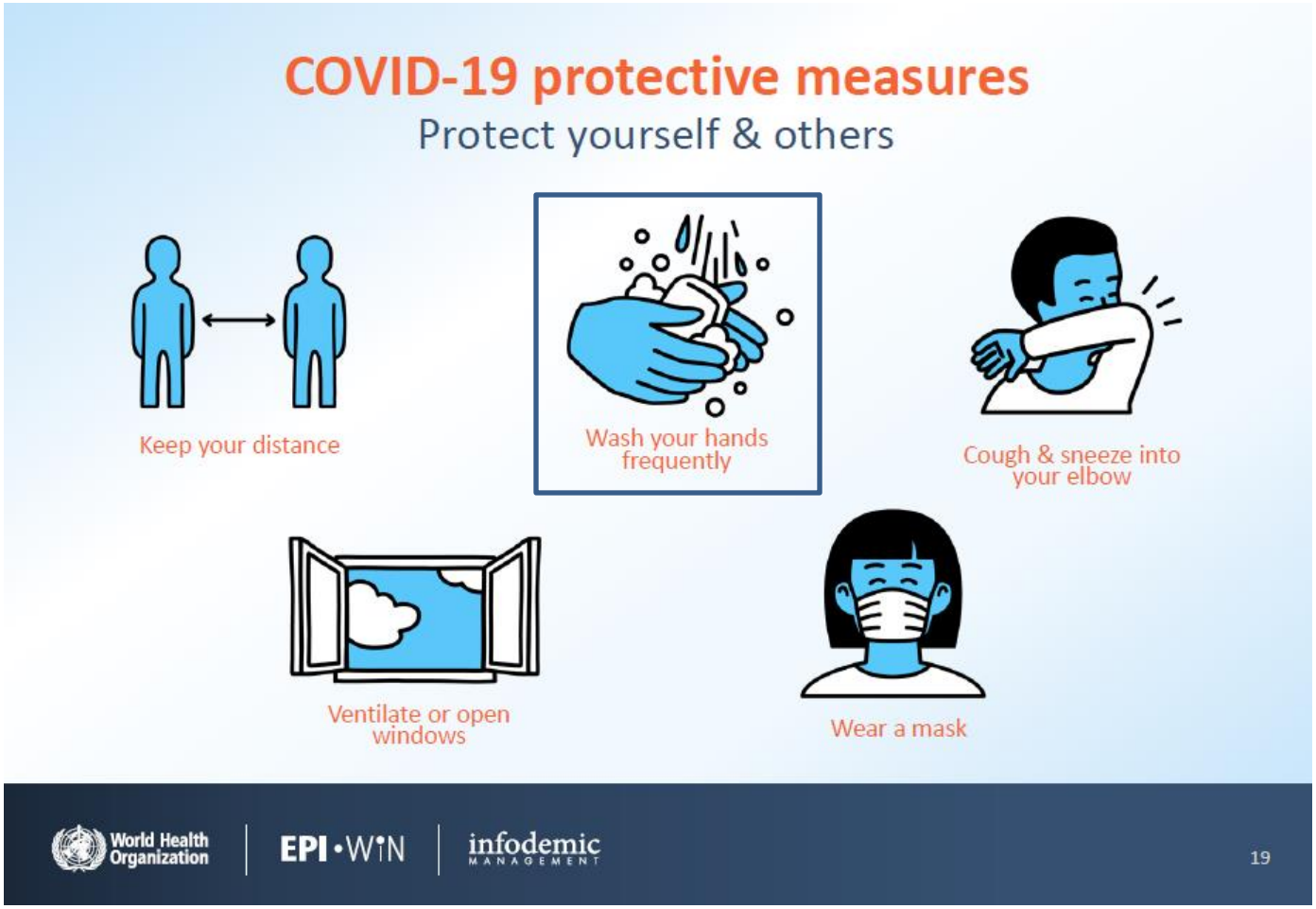


Figure 1. Hand hygiene compliance among healthcare workers in two paediatric units before and during the COVID-19 pandemic. Paediatric unit A is located in ward A, caring for patients with cardiac diseases. Paediatric unit B is located in ward B, caring for patients with infectious diseases. Airborne infection isolation rooms are only available in ward B, which is designated for the management of suspected or confirmed COVID-19 patients. HCWs, healthcare workers; HH, hand hygiene.

By Bin GAO, M.D.

2021年WHO手卫生日简介

从来没有比现在更需要推动手卫生了



By Bin GAO, M.D.

我国的情况
Condition in China

- 全球每100名患者中，有7名（发达国家）或15名（发展中国家)在急救医院发生至少一种HAI。
- ?,
- 在中、低收入国家，成人重症监护室的HAI发生率是高收入国家2～3倍，新生儿HAI发生率是高收入国家的3～20倍。
- ？
- 欧盟和欧洲经济区的急救/长期照护机构，每年有890万例HAI发生。
- 推测?
- 全球每年的410万例孕产妇和新生儿死亡事件中，有100万例可能与不卫生的分娩操作有关，包括手卫生的缺乏。
- ？ ,?

我国的情况
Condition in China

国家）或15名（发展中国家)在急

室的HAI发生率是高收入国家2～3
的3～20倍。

机构，每年有890万例HAI发生。

死亡事件中，有100万例可能与不
的缺乏。

我国的情况
Condition in China I

- 全球每100名患者中，有7名（发达国家）或15名（发展中国家)在急救医院发生至少一种HAI。
- 现患率，2~4%，
- 在中、低收入国家，成人重症监护室的HAI发生率是高收入国家2～3倍，新生儿HAI发生率是高收入国家的3～20倍。
- ？
- 欧盟和欧洲经济区的急救/长期照护机构，每年有890万例HAI发生。
- 推测。
- 全球每年的410万例孕产妇和新生儿死亡事件中，有100万例可能与不卫生的分娩操作有关，包括手卫生的缺乏。
- ？

我国的情况
Condition in China I

DOI:10.3969/j.issn.1671－9638.2016.02.003

·论著·

2014年全国医院感染横断面调查报告

任　南，文细毛，吴安华
（中南大学湘雅医院，湖南 长沙　410008）

[摘　要] **目的**　掌握全国医院感染现患情况，建立医院感染相关指标体系。**方法**　采用横断面调查方法，床旁调查和病历调查相结合，全国医院感染监测网医院及其他自愿参加调查的医院按照统一的调查方案进行调查，调查其医院感染现患情况。**结果**　1 766所医院的资料进入统计，共调查患者1 008 584例，发生医院感染26 972例，医院感染现患率为2.67%，抗菌药物使用率为35.01%。不同床位数医院医院感染现患率、抗菌药物使用率比较，差异均有统计学意义（χ^2值分别为1 599.21、3 458.40，均$P<0.01$）。医院感染部位主要为下呼吸道（47.53%）、泌尿道（11.56%）和手术部位（10.41%）。共分离病原体13 784株，居前5位的病原体为铜绿假单胞菌、大肠埃希菌、肺炎克雷伯菌、鲍曼不动杆菌、金黄色葡萄球菌。Ⅰ类手术患者手术部位感染现患率为1.01%；Ⅰ类切口手术患者预防性抗菌药物使用率为27.99%，不同床位数医院Ⅰ类切口手术患者预防性抗菌药物使用率比较，差异有统计学意义（$\chi^2=400.34$，$P<0.01$）；治疗使用抗菌药物细菌培养送检率为45.89%，不同床位数医院细菌培养送检率比较，差异有统计学意义（$\chi^2=9\,189.90$，$P<0.01$）。≥900张床位的医院医院感染现患率最高（3.36%），抗菌药物使用率最低（32.35%），细菌培养送检率最高（56.03%）。**结论**　此次横断面调查多维度指标显示我国医院感染管理取得显著成效；同时，计算出各指标的百分位数分布，便于各单位进行医院感染相关工作的自我评价。

[关　键　词] 医院感染；监测；横断面调查；现患率；抗菌药物；病原体
[中图分类号] R181.3+2　[文献标识码] A　[文章编号] 1671－9638(2016)02－0083－05

5-3-1　医疗卫生机构入院人数

机构分类	2010	2014	2015	2016	2017	2018
入院人数（万人）	14174	20441	21053	22728	24436	25453

推测546.8万例
/2014年

我国的情况
Condition in China II

antibiotics

MDPI

Review

The Clinical and Economic Impact of Antibiotic Resistance in China: A Systematic Review and Meta-Analysis

Xuemei Zhen [1,2], Cecilia Stålsby Lundborg [2], Xueshan Sun [1], Xiaoqian Hu [1] and Hengjin Dong [1,*]

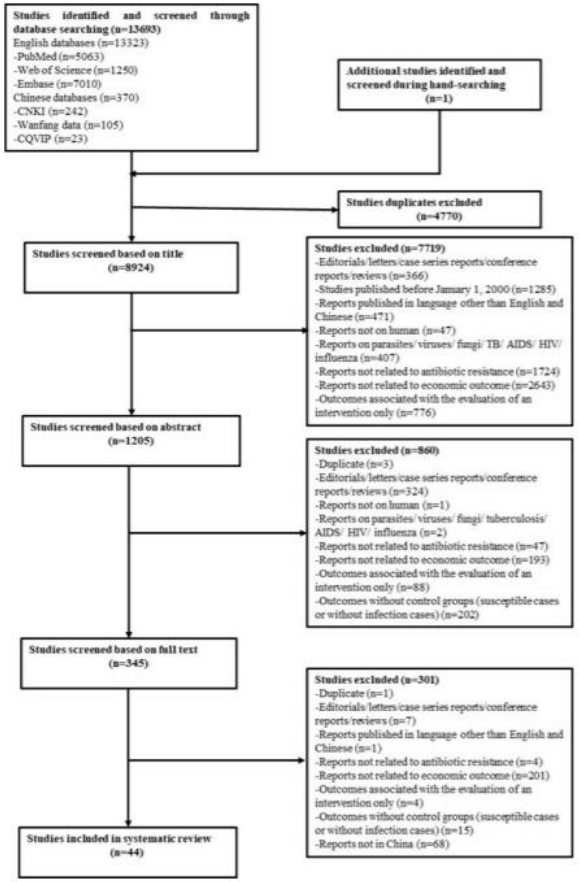
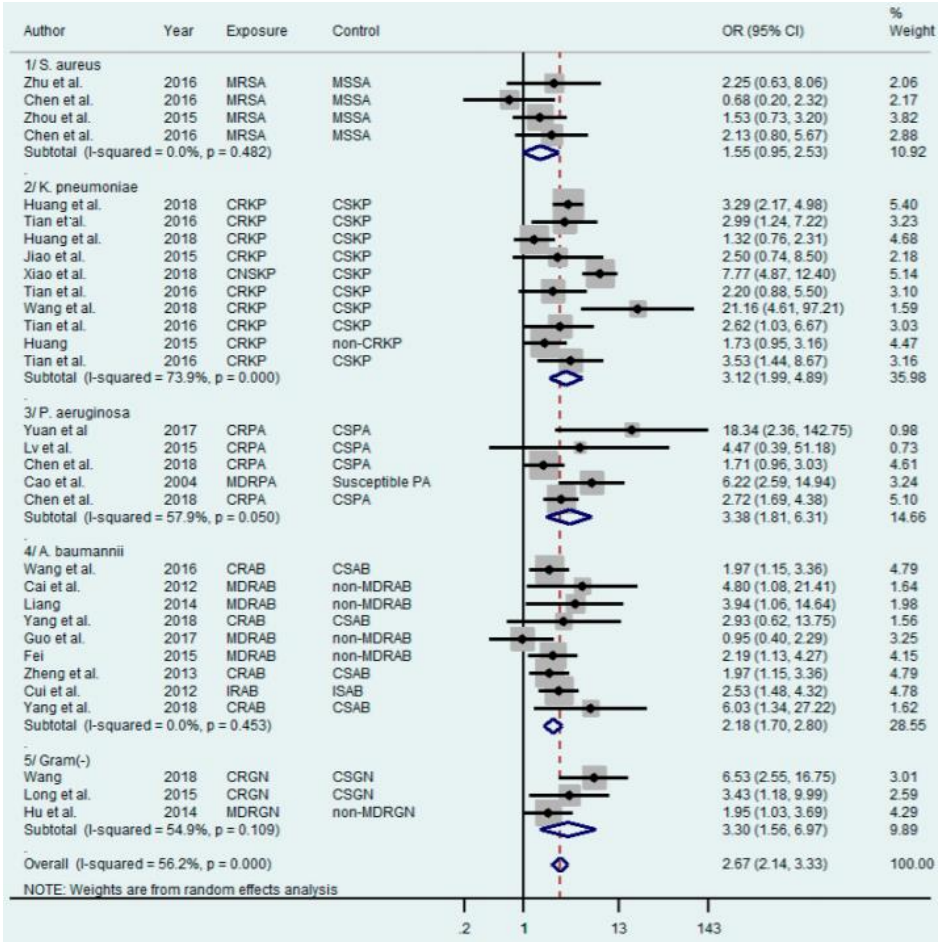


Figure 1. Flowchart of literature search. CNKI: China National Knowledge Infrastructure; CQVIP: Chongqing VIP; TB: Tuberculosis; AIDS: acquired immunodeficiency syndrome; HIV: human immunodeficiency virus.



antibiotics

MDPI

Review

The Clinical and Economic Impact of Antibiotic Resistance in China: A Systematic Review and Meta-Analysis

Xuemei Zhen [1,2], Cecilia Stålsby Lundborg [2], Xueshan Sun [1], Xiaoqian Hu [1] and Hengjin Dong [1,*]

我国的情况

Condition in China II

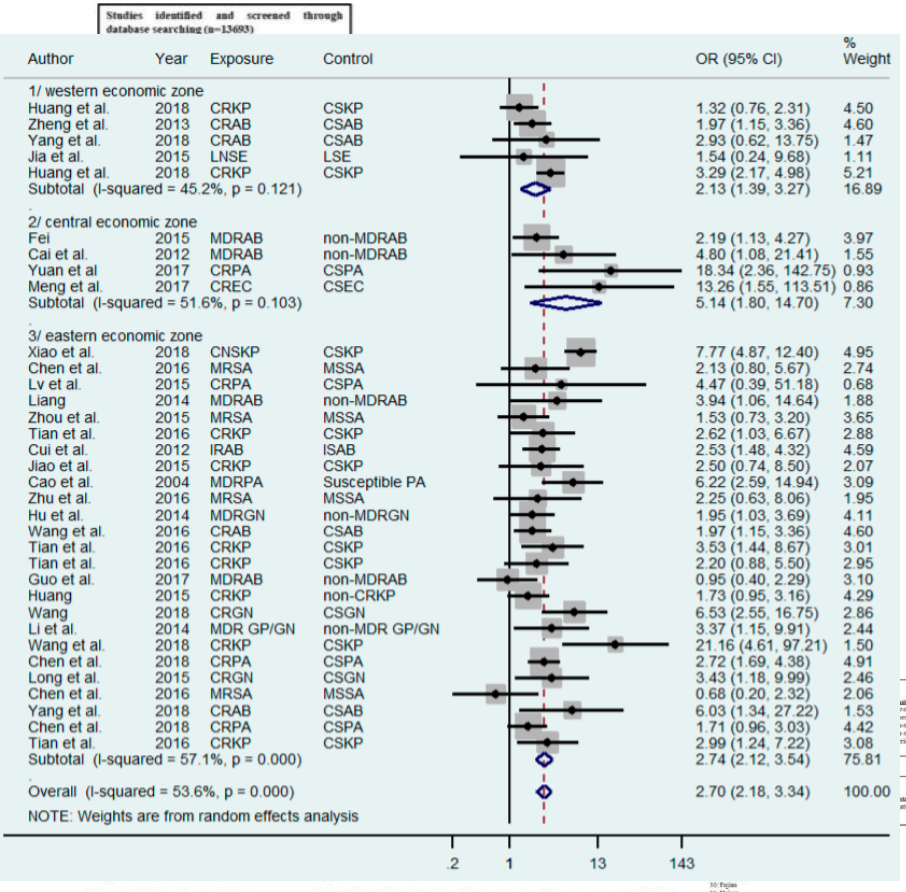
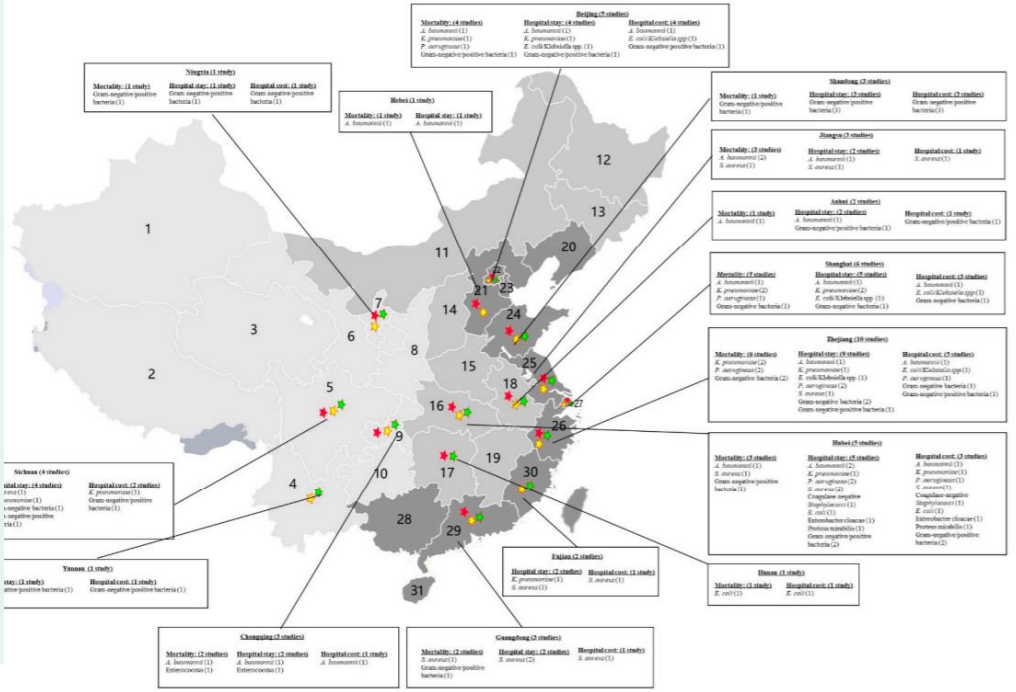


Figure 1. Flowchart of literature search. CNKI: China National Knowledge Infrastructure; CQVIP: Chongqing VIP; TB: Tuberculosis; AIDS: acquired immunodeficiency syndrome; HIV: human immunodeficiency virus.



By Bin GAO, M.D.

Zhen et al. Antimicrob Resist Infect Control (2021) 10:5
https://doi.org/10.1186/s13756-020-00872-w

Antimicrobial Resistance and Infection Control

RESEARCH Open Access

Economic burden of antibiotic resistance in China: a national level estimate for inpatients

Xuemei Zhen[1,2], Cecilia Stålsby Lundborg[3], Xueshan Sun[1], Nina Zhu[4], Shuyan Gu[1,5] and Hengjin Dong[1,6*]

我国的情况
Condition in China III

Table 4 Total hospital cost, length of hospital stay, and in-hospital mortality of inpatients with SDR and susceptible infection or colonisation

Inpatients	Total hospital cost ($)			Length of hospital stay (days)			In-hospital mortality rate (%)		
	Mean	95% UI		Mean	95% UI		Rate	95% UI	
Susceptible	9558	9432	9684	22.01	21.72	22.29	1.92	1.80	2.04
SDR	10,702	10,576	10,827	26.07	25.81	26.34	2.67	2.53	2.82
Difference	1144	965	1322	4.09	3.70	4.47	0.78	0.59	0.96

SDR single-drug resistant, *UI* uncertainty interval

Table 5 Total hospital cost, length of hospital stay, and in-hospital mortality of inpatients with MDR and susceptible infection or colonisation

Inpatients	Total hospital cost ($)			Length of hospital stay (days)			In-hospital mortality rate (%)		
	Mean	95% UI		Mean	95% UI		Rate	95% UI	
Susceptible	9616	9492	9739	22.20	21.91	22.48	2.08	1.95	2.20
MDR	13,017	12,857	13,176	27.70	27.44	27.96	3.58	3.41	3.74
Difference	3391	3188	3594	5.48	5.10	5.87	1.50	1.29	1.70

MDR multi-drug resistant, *UI* uncertainty interval

Zhen et al. Antimicrob Resist Infect Control (2021) 10:5
https://doi.org/10.1186/s13756-020-00872-w

Antimicrobial Resistance and Infection Control

RESEARCH Open Access

Economic burden of antibiotic resistance in China: a national level estimate for inpatients

Xuemei Zhen[1,2], Cecilia Stålsby Lundborg[3], Xueshan Sun[1], Nina Zhu[4], Shuyan Gu[1,5] and Hengjin Dong[1,6*]

我国的情况
Condition in China III

Table 6 Economic burden caused by inpatients with SDR and MDR infection or colonisation in China

Economic burden ($ billion)	SDR			MDR			ABR		
	Mean	95% UI		Mean	95% UI		Mean	95% UI	
Direct economic burden									
Direct medical cost	6	5	7	24	22	25	30	27	32
Direct non-medical cost	2	2	2	3	3	4	5	5	6
Direct economic burden	8	7	9	27	25	29	35	32	38
Indirect economic burden									
Cost of productivity loss measured in DALYs	11	8	13	28	24	32	39	32	45
Cost of care giver	1	1	1	2	2	2	4	3	4
Indirect economic burden	12	9	15	30	26	34	42	35	49
Societal economic burden									
Socio-economic burden	20	16	24	57	51	63	77	67	87
Socio-economic burden accounted for GDP (%)	0.10	0.08	0.11	0.27	0.25	0.30	0.37	0.32	0.42

SDR single-drug resistant, *MDR* multi-drug resistant, *ABR* antibiotic resistant, *UI* uncertainty interval, *DALYs* disability-adjusted life years, *GDP* gross domestic product

我国的情况
Condition in China IV

- 全球1/4的医疗卫生机构缺乏基本供水。
- 全球1/3的医疗卫生机构在提供照护服务时，缺乏手卫生设备。
- 在低收入国家中，仅有9%的医疗机构在护理危重患者时，遵守了手卫生的正确做法。
- ？
- 在高收入国家中，遵守正确手卫生的医疗卫生机构占比很少超过70%。

我国的情况
Condition in China IV

NURSES AND MIDWIVES
CLEAN CARE IS IN YOUR HANDS

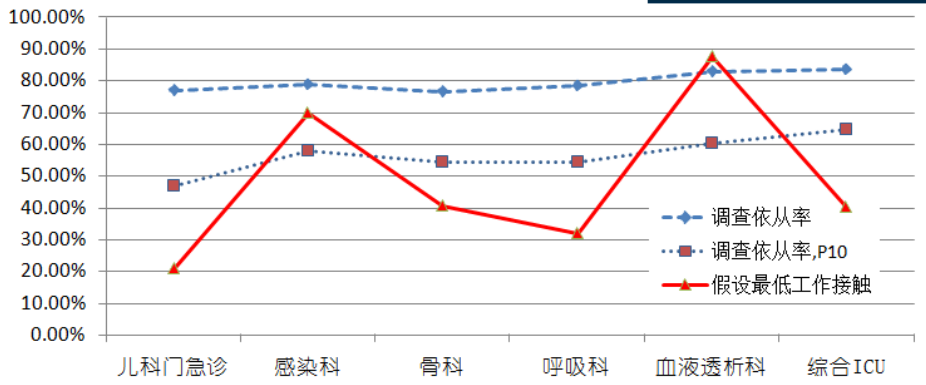
手卫生日2020
（“现状”）


表1 不同科室手卫生依从情况

标准科室	护士 应执行手卫生次数	护士 实际执行手卫生次数	护士 依从率(%)	医生 应执行手卫生次数	医生 实际执行手卫生次数	医生 依从率(%)	合计 应执行手卫生次数	合计 实际执行手卫生次数	合计 依从率(%)
儿科门急诊	76275	61702	80.89	75602	55905	72.89	151877	116807	76.91
感染病科(组)	52772	42920	81.33	42928	32679	76.13	95700	75599	79.00
骨科	118834	94005	79.11	102031	75689	74.18	220865	169694	76.83
呼吸科(组)	107203	86410	80.60	89884	68925	76.68	197087	155335	78.82
血液透析室	95072	80506	84.68	59795	48151	80.53	154867	128657	83.08
综合ICU	85585	73001	85.30	66324	54250	81.80	151909	127251	83.77
合计	535741	438544	81.86	436564	334799	76.69	972305	773343	79.54


手卫生用品消耗量

科室	床位数	2019年9月平均工作量(基本数)	2019年9月平均手卫生用品消耗量(L)	2019年9月每床日消耗量(mL)	每床每日洗手次数
综合ICU	997	332.50	10.75	32.32	12.93
呼吸科(组)	1145	2236.96	7.15	3.20	1.28
感染病科(组)	613	1144.48	8.00	7.00	2.80
骨科	1164	1852.88	7.55	4.08	1.63
儿科门急诊	971	3987.75	4.19	1.05	0.42
血液透析科	1011	2825.03	49.53	17.53	7.01



By Bin GAO, M.D.

By Bin GAO, M.D.

全球网站 区域网站 عربي 中文 English Français Русский Español

世界卫生组织

快速搜索

健康主题 国家 媒体中心 突发卫生事件 关于世卫组织

拯救生命：清洁您的手

2020年5月5日

护士和助产士，清洁护理在您手中！

清洁卫生保健被认为是世卫组织在未来10年里，在我们争取实现可持续发展目标的最后期限中，需要与全球社会一起应对的紧迫挑战之一。

为实现全球目标而行动十年 - 英文

因此，清洁护理，包括手卫生最佳做法，以及护士和助产士在实现这一目标中发挥的核心作用，是今年5月5日运动的重点。想法是与世卫组织宣布的**2020护士和助产士年**相结合，承认护士和助产士对加强高质量卫生系统的重要贡献。

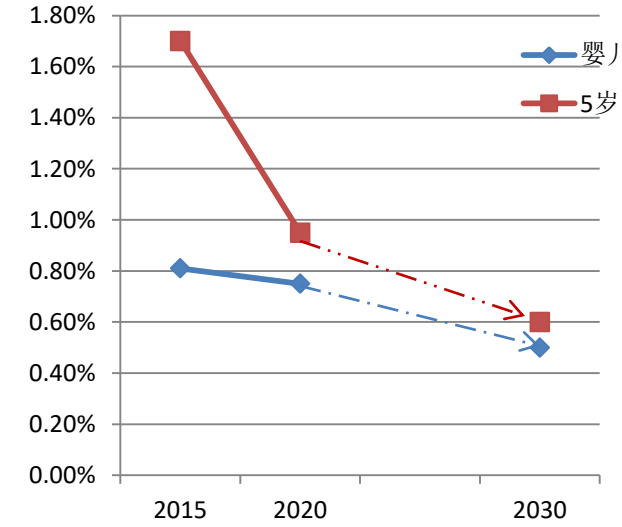
相关链接

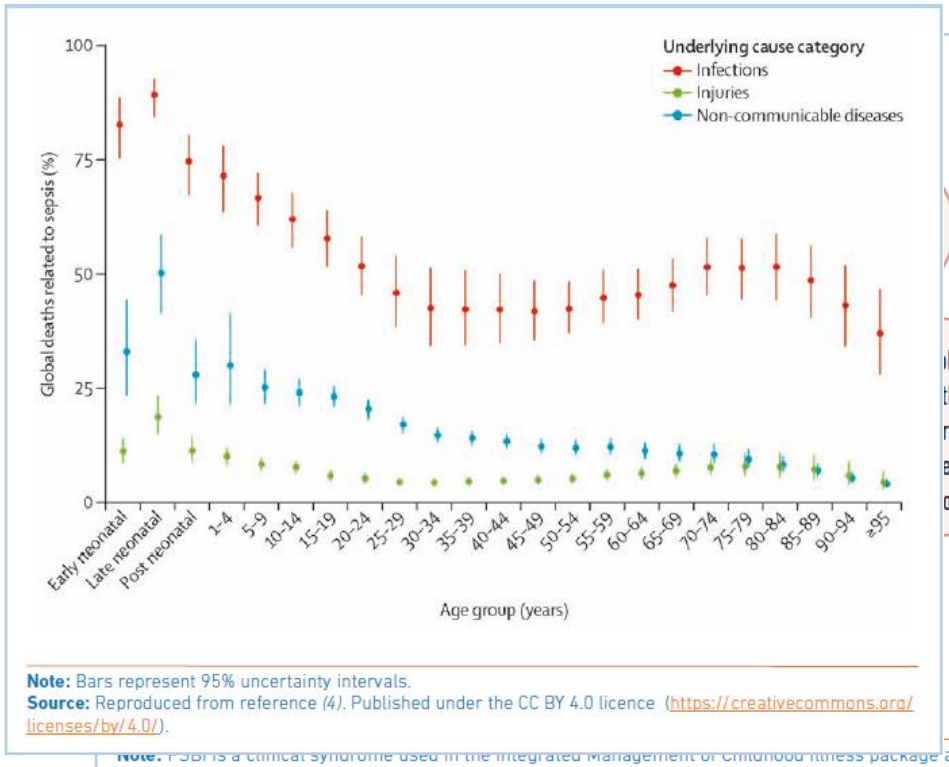
2020年：护士和助产士年

往年的宣传活动

By Bin GAO, M.D.

2021年WHO手卫生日简介
健康中国



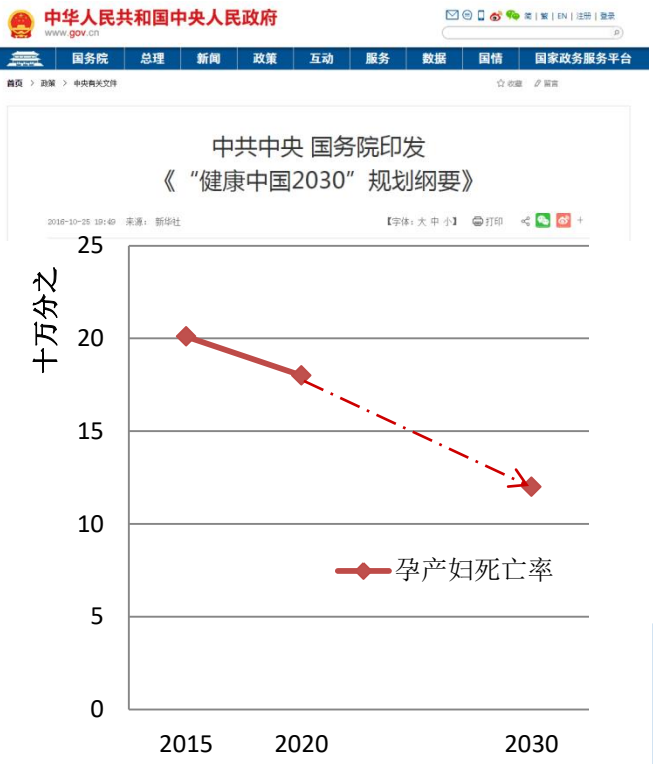


Note: Bars represent 95% uncertainty intervals.
Source: Reproduced from reference *(4)*. Published under the CC BY 4.0 licence (https://creativecommons.org/licenses/by/4.0/).

a sick young infant who requires urgent referral to hospital.
Source: Reproduced from reference *(35)*. Published under the CC BY 4.0 licence (https://creativecommons.org/

By Bin GAO, M.D.

2021年WHO手卫生日简介
健康中国



Sepsis and maternity

For every 1000 live births

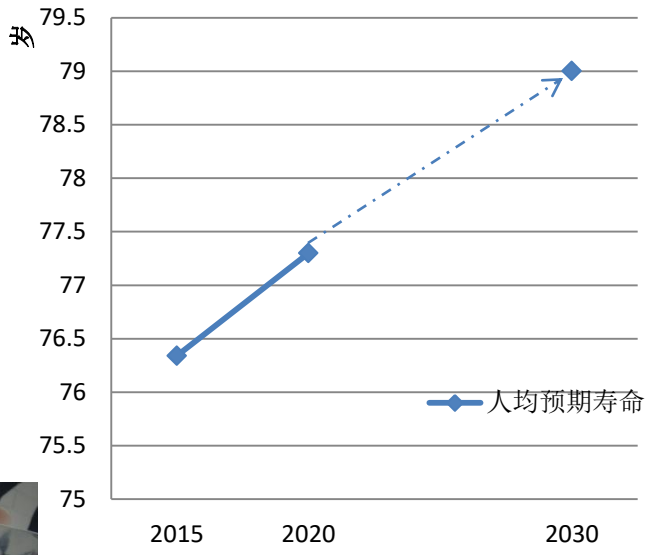
70 women
had a suspected or confirmed maternal infection requiring hospital management

11 women
presented with severe maternal outcomes

Infection was the underlying cause or contributing cause in over one-half of the intra-hospital maternal deaths

2021年WHO手卫生日简介

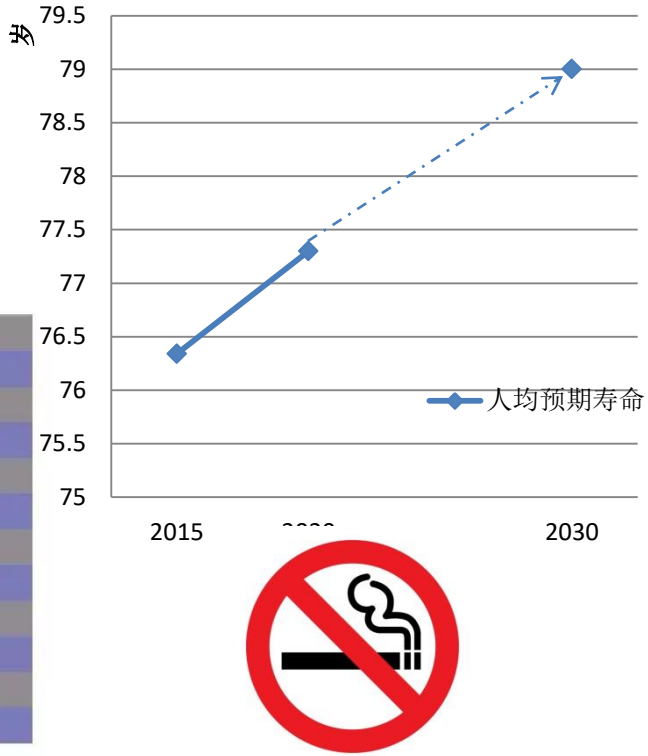
健康中国



By Bin GAO, M.D.

2021年WHO手卫生日简介

健康中国



By Bin GAO, M.D.

医源性感染
Hospital Acquired Infection

我国的情况
Condition in China V

我国医院手卫生工作推进趋势分析

姚希 徐丹慧 李六亿 侯铁英 李卫光 刘运喜 马红秋 杨怀 丁丽丽 罗晓黎 吴安华
文建国 邢亚威 杨芸 张卫红 林玲 武迎宏 刘卫平

[摘 要] 目的：了解我国 1986–2016 年医院手卫生工作推进情况。方法：采用分层抽样的方法，通过回顾性调查全国 14 个省、直辖市、自治区和解放军的 200 所医院手卫生工作制度制订和修订等各项工作开展情况和开始开展的年份，分析我国手卫生相关工作的推进情况及趋势。结果：99.50%（199 所）的医院建立了手卫生制度、使用速干手消毒剂、开展手卫生培训工作、全院手卫生督导工作。97.00%（194 所）的医院开始使用干手纸巾，83.50%（167 所）将手卫生工作纳入医院绩效评估，84.50%（169 所）开展了手卫生知识知晓率调查，90.50%（181 所）开展了手卫生依从性调查，其中 2009 年和 2012 年新开展各项工作的医院最多。结论：我国手卫生推进的各项措施已在全国范围内推行；且政策导向明显影响各项工作的推进。

[关键词] 手卫生；趋势分析
[中图分类号] R47 [DOI] 10.3969/j.issn.1672-1756.2019.07.019

我国的情况
Condition in China V

我国医院手卫生工作推进趋势分析

姚希 徐丹慧 李六亿 侯铁英 李卫光 刘运喜 马红秋 杨怀 丁丽丽 罗晓黎 吴安华
文建国 邢亚威 杨芸 张卫红 林玲 武迎宏 刘卫平

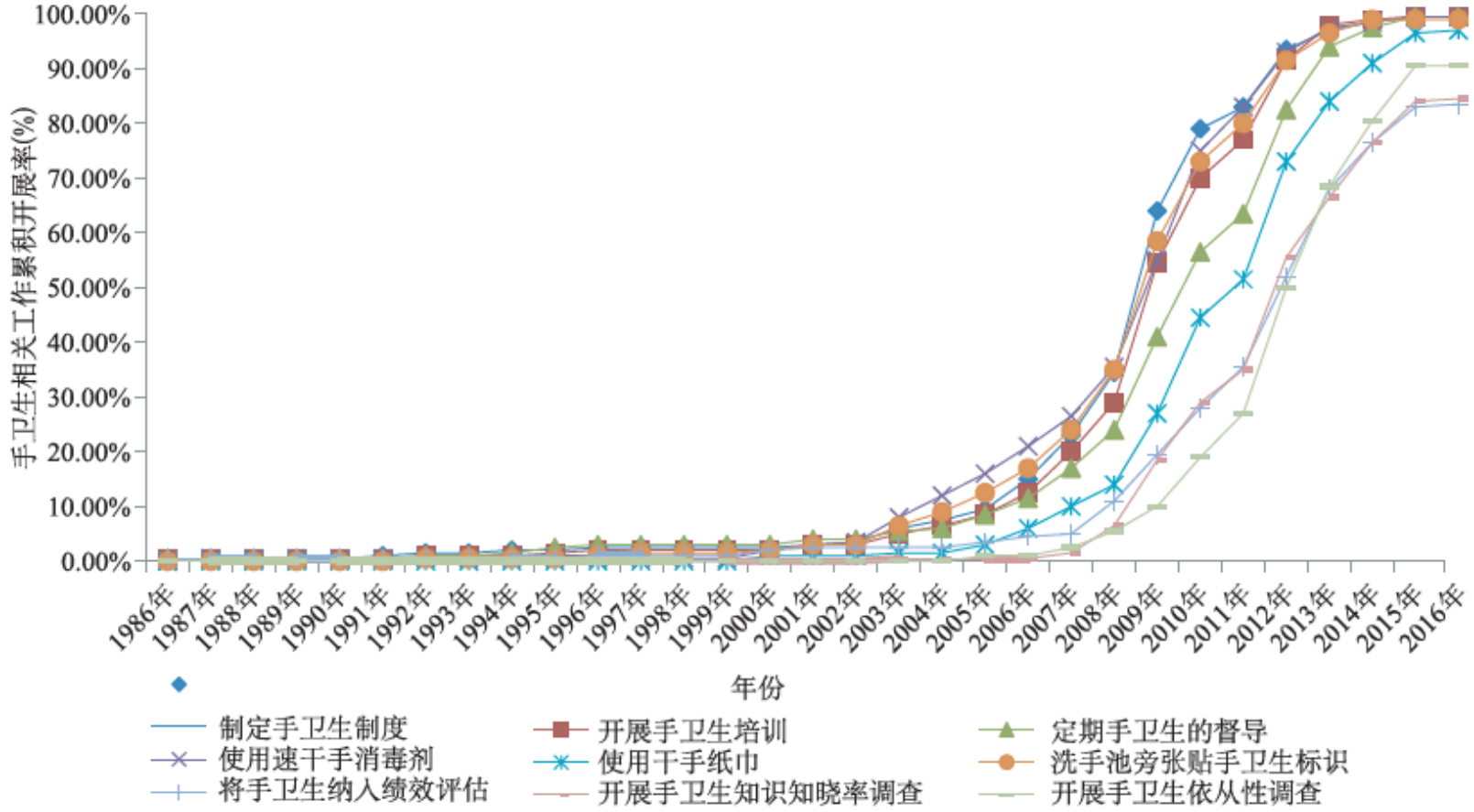


图1 1986-2016年全国手卫生推进相关工作开展情况分析

我国的情况
Condition in China V

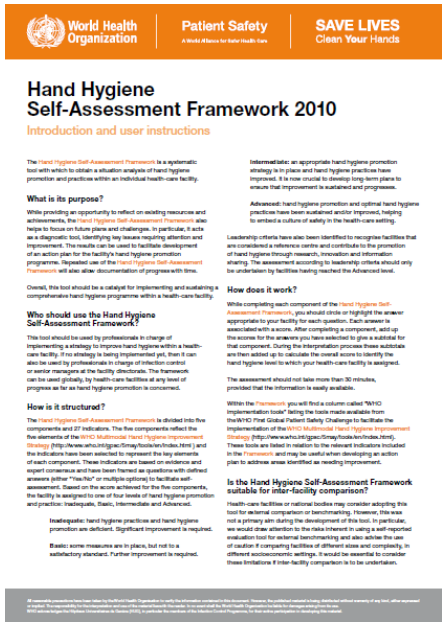
我国医院手卫生工作推进趋势分析

姚希 徐丹慧 李六亿 侯铁英 李卫光 刘运喜 马红秋 杨怀 丁丽丽 罗晓黎 吴安华
文建国 邢亚威 杨芸 张卫红 林玲 武迎宏 刘卫平

- 我国手卫生相关工作推进特点
  - 政策导向对手卫生工作推进起到重要作用
  - 量化评估将进一步深化我国手卫生工作
- WHO
  - WHO 手卫生指南为我国工作开展提供依据
  - WHO 提出的多模式手卫生改善策略在我国广泛推行

2021年WHO手卫生日简介

手卫生诊断与促进工具


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

Hand Hygiene Self-Assessment Framework 2010

Introduction and user instructions

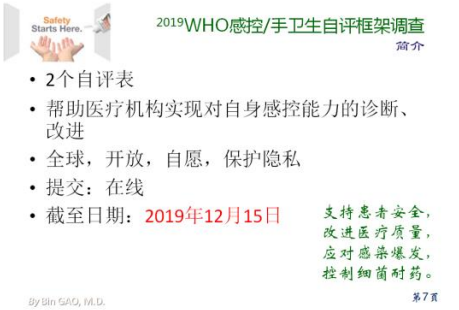
What is its purpose?

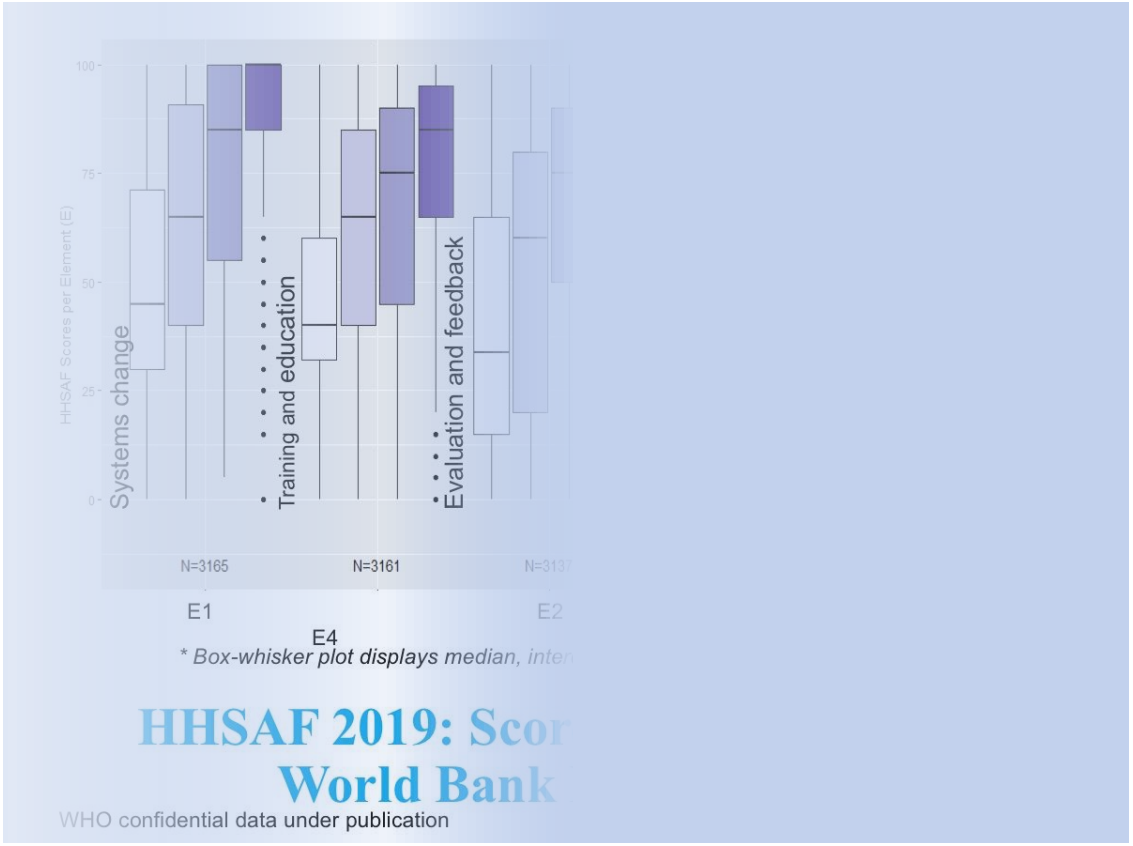
Who should use the Hand Hygiene Self-Assessment Framework?

How is it structured?

How does it work?

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





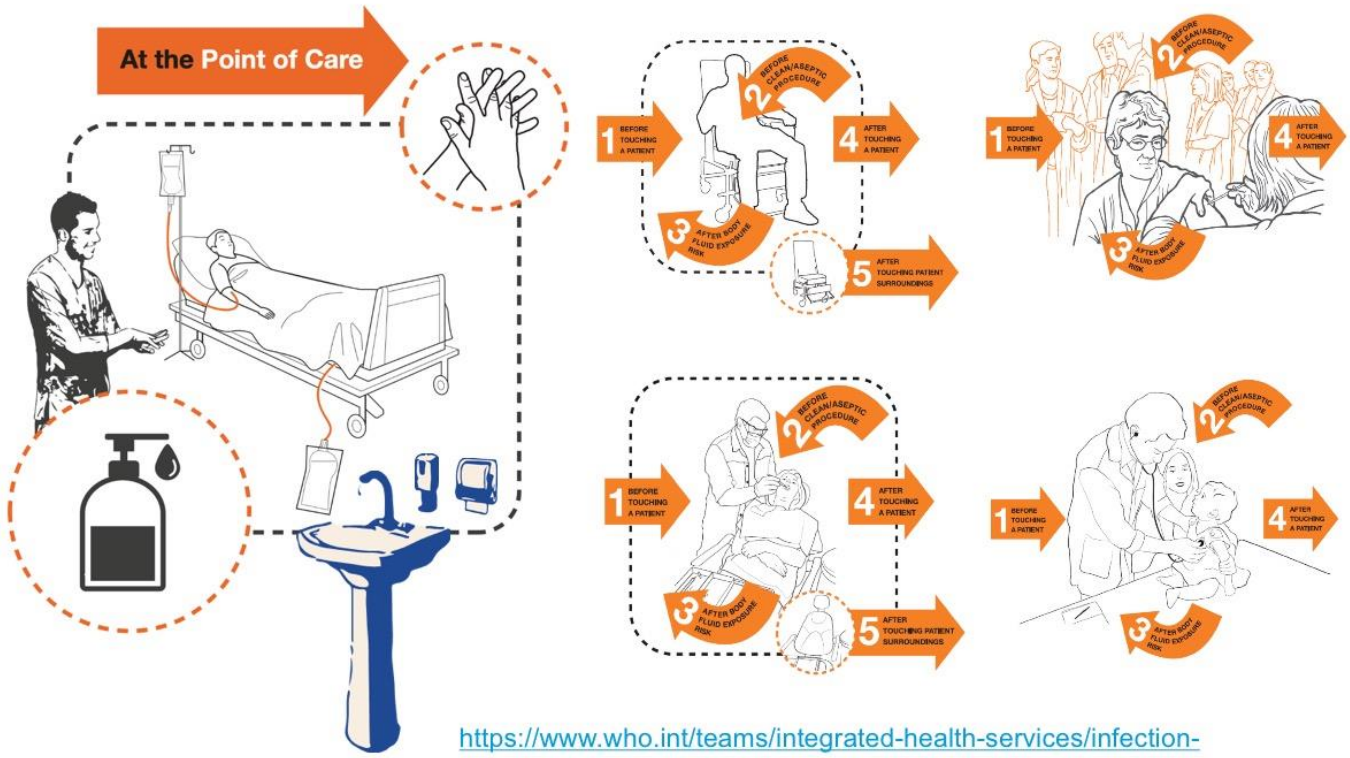
By Bin GAO, M.D.

2021年WHO手卫生日简介

Point of Care

The concept for the 2021 campaign:
achieving effective hand hygiene action at the point of care

World Health Organization



https://www.who.int/teams/integrated-health-services/infection-prevention-control/hand-hygiene/tools-and-resources

2021年WHO手卫生日简介

Point of Care

World Health Organization

Point-of-Care: Definition

- The place where **three elements** come together: **the patient, the healthcare worker, care or treatment** involving contact with the patient or his/her surroundings
- **Hand hygiene** should be performed at recommended moments **exactly where care delivery takes place**
- Hand hygiene products (e.g. alcohol-based hand rub, water, soap, towels) should be **easily accessible** and **as close as possible to the point of care,** without having to leave the patient zone

https://www.who.int/publications/i/item/a-guide-to-the-implementation-of-the-who-multimodal-hand-hygiene-improvement-strategy

By Bin GAO, M.D.

2021年WHO手卫生日简介

手卫生诊断与促进工具

WHO Hand Hygiene Improvement Multimodal Strategy (MMIS)

World Health Organization

1. Build it
(system change)

- What infrastructures, equipment, supplies and other resources (including human) are required to implement the intervention?
- Does the physical environment influence health worker behaviour? How can ergonomics and human factors approaches facilitate adoption of the intervention?
- Are certain types of health workers needed to implement the intervention?
- **Practical example:** when implementing hand hygiene interventions, ease of access to handrubs at the point of care and the availability of WASH infrastructures (including water and soap) are important considerations. Are these available, affordable and easily accessible in the workplace? If not, action is needed.

2. Teach it
(training & education)

- Who needs to be trained? What type of training should be used to ensure that the intervention will be implemented in line with evidence-based policies and how frequently?
- Does the facility have trainers, training aids, and the necessary equipment?
- **Practical example:** when implementing injection safety interventions, timely training of those responsible for administering safe injections, including carers and community workers, are important considerations, as well as adequate disposal methods.

3. Check it
(monitoring & feedback)

- How can you identify the gaps in IPC practices or other indicators in your setting to allow you to prioritize your intervention?
- How can you be sure that the intervention is being implemented correctly and safely, including at the bedside? For example, are there methods in place to observe or track practices?
- How and when will feedback be given to the target audience and managers? How can patients also be informed?
- **Practical example:** when implementing surgical site infection interventions, the use of key tools are important considerations, such as surveillance data collection forms and the WHO checklist (adapted to local conditions).

4. Sell it
(reminders & communication)

- How are you promoting an intervention to ensure that there are cues to action at the point of care and messages are reinforced to health workers and patients?
- Do you have capacity/funding to develop promotional messages and materials?
- **Practical example:** when implementing interventions to reduce catheter-associated bloodstream infection, the use of visual cues to action, promotional/reinforcing messages, and planning for periodic campaigns are important considerations.

5. Live it
(culture change)

- Is there demonstrable support for the intervention at every level of the health system? For example, do senior managers provide funding for equipment and other resources? Are they willing to be champions and role models for IPC improvement?
- Are teams involved in co-developing or adapting the intervention? Are they empowered and do they feel ownership and the need for accountability?
- **Practical example:** when implementing hand hygiene interventions, the way that a health facility approaches this as part of safety and quality improvement and the value placed on hand hygiene improvement as part of the clinical workflow are important considerations.

1a. System change – alcohol-based handrub at point of care
+
1b. System change – access to safe, continuous water supply, soap and towels
+
2. Training and education
+
3. Evaluation and feedback
+
4. Reminders in the workplace
+
5. Institutional safety climate

https://www.who.int/publications/i/item/a-guide-to-the-implementation-of-the-who-multimodal-hand-hygiene-improvement-strategy

2021年WHO手卫生日简介

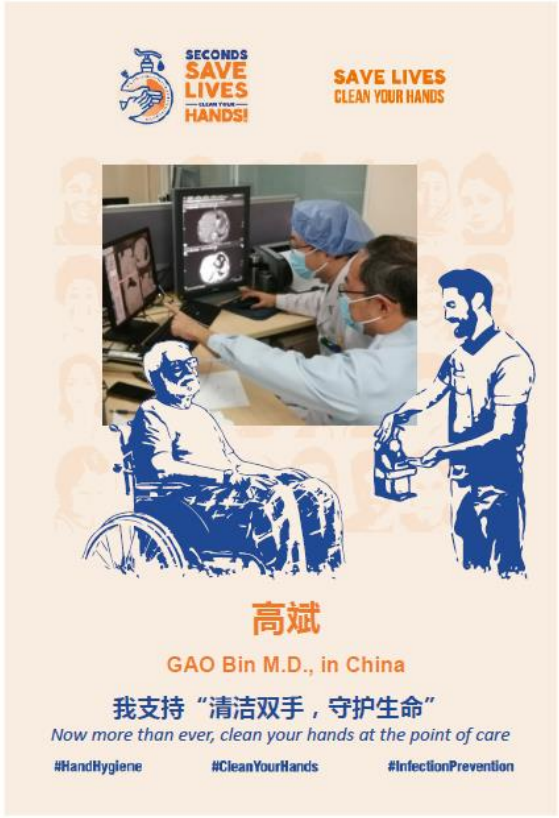
手卫生活动工具

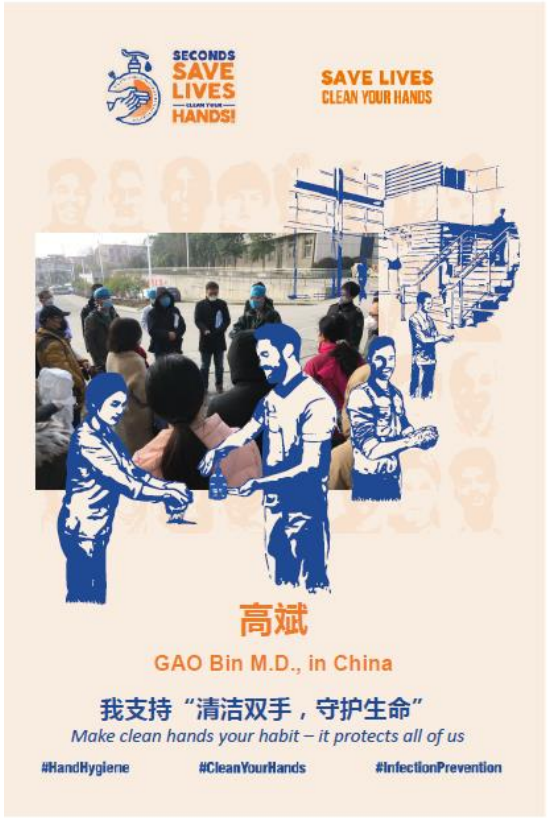
A wide range of tools to get involved!

https://www.who.int/campaigns/world-hand-hygiene-day/2021/how-to-get-involved

2021年WHO手卫生日简介

宣传与行动（模板）

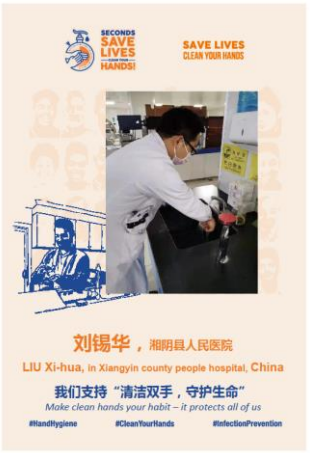


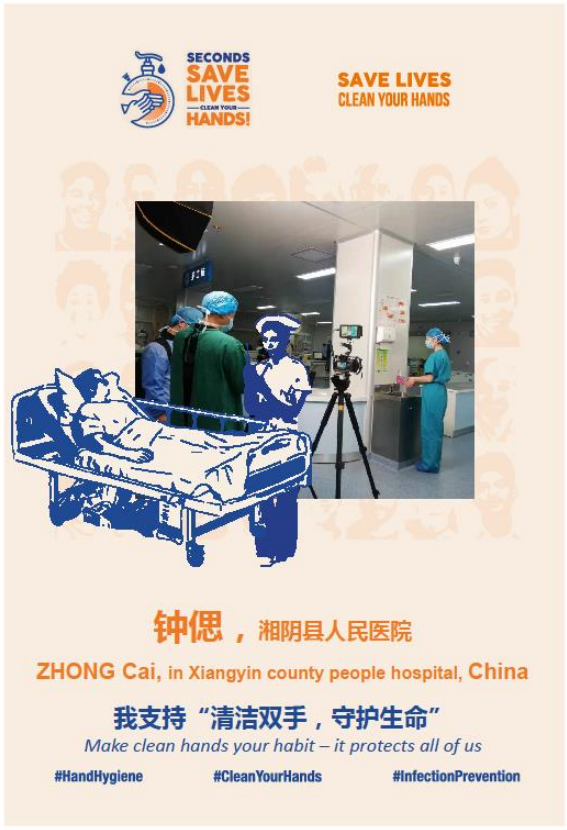


By Bin GAO, M.D.

2021年WHO手卫生日简介

宣传与行动（湖南，湘阴）





By Bin GAO, M.D.

2021年WHO手卫生日简介

手卫生活动工具

- 使用模板，

  https://5may.cleanhandssavelives.org/wp-content/uploads/Poster-Maker-HH-21.pptx

- 制作您或您同事的手卫生自拍照片或短视频

欢迎将您的制作发送到下邮箱:

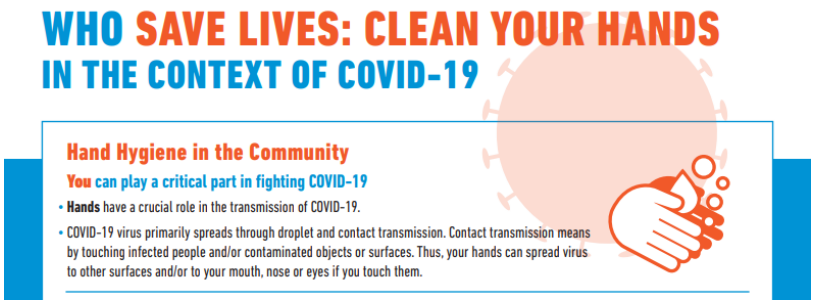
share@cleanhands.pics

By Bin GAO, M.D.

2021年WHO手卫生日简介

小结

Hand hygiene is not a luxury. Campaigning gives WHO an amazing opportunity to talk to a worldwide audience. Infection prevention and control (IPC), which includes hand hygiene, is fundamental to safe and effective health care systems. Hand hygiene is relevant to all health workers, patients and their families at every single health care encounter. It contributes to quality universal health coverage, meeting Sustainable Development Goal (SDG) 3.8 and also strongly supports the water, sanitation, hygiene and health (WASH) and global antimicrobial resistance (AMR) agendas.



清洁双手

@分秒之间

挽救生命

ygiene #infectionprevention

World Health Organization

By Bin GAO, M.D.