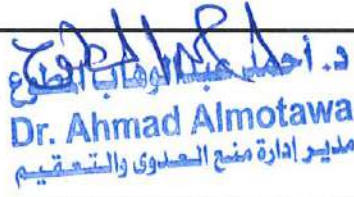




State of Kuwait
Ministry of Health
Infection Control & Sterilization Directorate



وزارة الصحة

Title: Policy for Hand Hygiene Educational and Motivational Program	
Policy owner: Infection Control & Sterilization Directorate	Policy Code: ICS-P-B2
Section Location: Governmental and Private Health-Care Settings	Effective Date: September 2024
Applies to: All healthcare settings in State of Kuwait	Revision Date: September 2026
Approved by: Director of Infection Control & Sterilization Directorate	 Dr. Ahmad Almotawa مدير إدارة منع العدوى والتعقيم
Notes: First version was issued on 2013	

Purpose:

Facilitating local implementation and evaluation of a strategy to improve hand hygiene and thus reduce healthcare-associated infection at individual healthcare facilities.

Improving hand hygiene compliance rate among healthcare workers. The target goal is to improve the hand hygiene compliance rate above the current healthcare facility baseline by 3-5% annually.

Statement:

The healthcare-associated infection places a serious disease burden and has a significant economic impact on patients and healthcare systems throughout the world. Hand hygiene at the right times and in the right way can save lives. It is the most effective measure of preventing and controlling healthcare-associated infection.

Hand hygiene improvement is achieved by implementing multiple actions to tackle different obstacles and behavioural barriers. Based on the evidence and recommendations from WHO, several components make up an effective multimodal strategy for hand hygiene.

Abbreviations

HH: Hand hygiene

HCWs: healthcare workers

HAI: healthcare-associated infection

ABHAR: Alcohol-based handrub

HW: handwash

HR: handrub

Definitions

Hand hygiene (HH): A general term referring to any action of hand cleansing.

Alcohol-based handrub (ABHAR): An alcohol-containing preparation (liquid, gel, or foam) designed for application to the hands to reduce the growth of microorganisms. Such preparations may contain one or more types of alcohol with excipients, other active ingredients, and humectants.

Handrubbing: Applying an antiseptic handrub to reduce or inhibit the growth of microorganisms without the need for an exogenous source of water and requiring no rinsing or drying with towels or other devices.

Handwashing: Washing hands with plain or antimicrobial soap and water.

Healthcare-associated infection (HAI): An infection occurring in a patient during the process of care in a hospital or other healthcare facility which was not present or incubating at the time of admission. This includes infections acquired in the hospital but appearing after discharge, and also occupational infections among staff of the facility.

Key elements for HH strategy:

1. System change
2. Training
3. Evaluation and Feedback
4. Reminders in the workplace
5. Improve institutional safety climate

Procedure:

1. System change

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 HCWs 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.
- ABHR is available at each point of care and/or carried by HCWs facility-wide. It is recommended that the ABHR meet recognized standards for antimicrobial efficacy (ASTM “American Society for Testing and Materials” or EN “European Standard”) 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 HCWs.

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.

1.2.1 Ward infrastructure survey (*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 HW and 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.

1.2.2 ABHR Consumption Survey (*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.

2. Training

2.1 Training program

All HCWs 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 HCWs, 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.

2.2 Buddying

A “buddy” system shall be implemented in which each new HCW is coupled with an established, trained HCW 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 HAI, 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 HCW with relevant information resources and training materials
- Monitoring and evaluating the new HCW'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 HCWs to practice optimal HH.

2.3 Training Action Plan

Who	When	Where	Tasks	Training resources	Duration	Person(s) responsible for training	Evaluation
Newly graduated doctor	KIMS training program	- ICD - ICO - Hospital	1. Highlighting the importance of HH	- PowerPoint (http://drive.google.com/uc?export=download&id=1I1xQAVzdGLU6uQ391nDtXAAAdSAscp1IUP)	60-90 min per session	- ICP	HCWs Knowledge Survey (Post session)
Newly recruited Nurses and technicians	- Orientation day on first week of recruitment - Buddying	- Hospital	2. Explaining the "My 5 Moments for HH"	- Video - Leaflets - Brochure - Poster - HH information resources (WHO Technical Reference Manual- - ICD HH manual		- ICP - ICN	
Newly recruited trainee, assistant registrar and registrar	Buddying	- Hospital	3. Explaining the facility's HH policies and guidelines- HH Technical Reference Manual				
Ongoing assistant registrars and registrars	Annually once through scheduled program approved monthly by the hospital director and the heads of department	- ICO - Hospital	4. Showing the facility's resources for HH				
Pharmacists and physicians of all clinical and non-clinical departments including radiology, nuclear medicine and laboratories	Annually once through: - Morning meetings - Departmental sessions	- Hospital	5. Demonstrating the correct HW and HR techniques				
Nurses and technicians of all hospital departments (including laboratories-radiology- nuclear medicine-pharmacy-anaesthesia)	Annually once Educational sessions and onsite learning	- Hospital	6. Explaining when and how to use gloves 7. Discussing the Patient Empowerment				

Who	When	Where	Tasks	Training resources	Duration	Person(s) responsible for training	Evaluation
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	HCWs 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		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
ICD: Infection Control Directorate ICN: Infection Control nurse ICO: Infection Control office ICP: Infection Control Preventionist KIMS: Kuwait Institute for Medical Specialization.							

2.4 Tools to support the implementation of training

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.

2.4.2 Slides for Education Sessions for Trainers, Observers and HCWs

[https://cdn.who.int/media/docs/default-source/integrated-health-services-\(ihs\)/infection-prevention-and-control/hand-hygiene/training/slides-for-hand-hygiene-coordinator.pdf?sfvrsn=efc585bf_5](https://cdn.who.int/media/docs/default-source/integrated-health-services-(ihs)/infection-prevention-and-control/hand-hygiene/training/slides-for-hand-hygiene-coordinator.pdf?sfvrsn=efc585bf_5)

<http://drive.google.com/uc?export=download&id=1IxQAVzdGLU6uQ391nDtXAAdSAscprIUP>

What	A PowerPoint slide to be used to train the trainers, the observers and HCWs 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 HCWs 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 HCWs		
When	• At the start of initiating a HH improvement strategy to train the trainers and observers • During regular training sessions for all HCWs, including training for new starts and regular updates for previously-trained HCWs.		
Who	<u>Users:</u> -HH program co-ordinator - trainers	<u>Targets:</u> -trainers - observers -all HCWs	
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.

2.4.3 HH Training Films and Accompanying Slides

<https://www.who.int/teams/integrated-health-services/infection-prevention-control/hand-hygiene/training-tools>

[5 Moments Hand Hygiene: Training for Health Workers \(who.int\)](#)

http://drive.google.com/uc?export=download&id=1n3opF9JgIenEpvaQrrgqptJ2IU_TZv3i

What	<ul style="list-style-type: none"> • 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. 						
Why	Because trainers and observer should achieve a solid understanding of the "My 5 Moments" approach. All HCWs within a facility should receive regular training on the importance of HH, indications to perform it and the correct procedures for HH.						
Where	During training sessions organised by the facility for all HCWs.						
When	Following the presentation of the Education Sessions for Trainers, Observers and HCWs;						
Who	<table border="0"> <tr> <td><u>Users:</u></td><td><u>Targets:</u></td></tr> <tr> <td>HH program co-ordinator</td><td>trainers - observers -all HCWs</td></tr> <tr> <td>-trainers</td><td></td></tr> </table>	<u>Users:</u>	<u>Targets:</u>	HH program co-ordinator	trainers - observers -all HCWs	-trainers	
<u>Users:</u>	<u>Targets:</u>						
HH program co-ordinator	trainers - observers -all HCWs						
-trainers							
How	By trainers showing the films to HCWs or observers during specific designated training sessions and providing further explanations.						

2.4.4 HH Technical Reference Manual

https://iris.who.int/bitstream/handle/10665/44196/9789241598606_eng.pdf?sequence=1

What	A manual introducing the importance of HAI 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.
Why	Because trainers should identify the key messages to be transmitted during educational sessions; all HCWs 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.
Where	To the clinical settings where the HH improvement strategy is being implemented.
When	Before or during training sessions.
Who	This tool should be used by: - trainers - observers - all HCWs
How	<ul style="list-style-type: none">• The HH co-ordinator should distribute the manual to trainers and observers;• The trainers should distribute the manual to HCWs during training sessions

2.4.5 HH Why, and How Brochure (*Appendix 3*)

What	A brochure including the key educational messages related to why, how and when for HH that HCWs can keep and refer to after the training sessions.
Why	Because all HCWs within a facility should understand and comply with the “My 5 Moments for HH” approach and the correct procedures for HR and HW.
Where	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.
When	During training sessions
Who	This tool should be used by all HCWs in the clinical settings where HH improvement program is being implemented.
How	Describe and distribute the brochure during training sessions.

2.4.6 Glove Use Information Leaflet (*appendix - 4*)

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

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
- HCWs' perception of HAI and HH
- HCWs' knowledge on HAI and HH.

Systematic feedback

Regular feedback of data related to HH indicators with demonstration of trends over time shall be given to facility leadership and heads of departments at least annually.

3.1 Tools for evaluation and feedback – tool descriptions

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

3.1.1 Ward Infrastructure Survey (*appendix 1*)

3.1.2 ABHR Consumption Survey (*appendix 2*)

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.

Infection control preventionist, infection control nurse and any professional HCWs 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 (*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 HCW 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 principle 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 HCW’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 that need further interventions.

Where In all clinical settings that have point of care “the place where three elements come together: the patient, the HCW, 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 timeline shall be established and submitted earlier to infection control directorate and the hospital director. All results shall be sent on monthly basis to infection control directorate.

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).

3.1.4 Perception Survey for Health Care Workers (*appendix 6*)

What: A perception questionnaire about the impact of HAI, 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 HCWs 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 HAI 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
- Periodically during the follow-up evaluation to assess the impact of implementation on HCWs perception.

Who: User: program co-ordinator or member of HH team
Population of the survey: HCWs in the clinical settings (hospitals and primary healthcare centres).

How:

- Anonymous distribution of the questionnaire;
- The questionnaire should be distributed to HCWs 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.

3.1.5 Hand Hygiene Knowledge Questionnaire for Health-Care Workers (*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:** Annually during the follow-up evaluation to assess the impact of implementation of hand hygiene improvement strategy
- Who:** User: the trainers or members of HH team.
 Population of the survey: HCWs who undertake education
- How:** The trainer should distribute it. Instructions to create an identity code should be given to each HCW to allow for self-assessment. The identity code shall be used by the user and the trainer.

4. Reminders in the workplace

4.1 Definition and overview

Reminders in the workplace are key tools to prompt and remind HCWs 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 HCWs with respect to HH.

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.

4.2.1 5 Moments for HH Poster (*appendix – 8A-L*)

- What:** Poster visualizing the five moments when to perform HH during health care.
- Why:** Because all HCWs 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 HCWs 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.

4.2.2 How to Handrub and Handwash Poster (*appendix - 9*)

- What:** Posters explaining the correct procedures for HR and HW that are designed to remind HCWs to perform HH.
- Why:** Because all HCWs 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 HCWs 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.

4.2.3 HH: When and How Leaflet (*appendix 3*)

- What:** A pocket leaflet summarizing the key messages related to when and how HH should be performed
- Why:** Because all HCW 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 HCW in the clinical settings where the HH improvement program is being implemented.
- How:** Distribute leaflet during training sessions for HCW to keep as a personal tool and reference.

4.2.4 SAVE LIVES: Clean Your Hands Screensaver

- What:** A screensaver for computer screens.
- Why:** To remind HCW to perform HH at the appropriate moments.
- Where:** To be displayed on computers used by HCWs at the facility.
- When:** At all times.
- Who:** This tool should be used by all HCWs with access to a computer in the clinical settings
- How:** Replace the current screensaver with the SAVE LIVES: Clean Your Hands Screensaver

5. Improve institutional safety climate

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.

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 HCWs. 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.

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.

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 HCWs, 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 HCWs through the year.
- To conduct training program for HH observers.

- To recruit and encourage professional HCW with experience in delivering care at the bed-side and good knowledge of the HH improvement strategy to act as HH observer.

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

5.3 Institute an annual Certificate reward

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

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 HCW 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 HCWs in the primary healthcare centre and the coordinator of the HH team in the corresponding hospital for updating and publicizing news of HH activities.

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: HCWs knowledge, HCWs 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%.

5.6 System for personal accountability

- System for personal accountability is a system that ensures precise actions are in place to stimulate HCWs to be accountable for their behaviour with regard to HH practices.

- Incident report by HH coordinator will be given to any HCW breaches HH practice (**HH Incident Report– appendix 10**)
- If these actions continue, reports will be sent to head of department and hospital director, with possible consequences on the individual evaluation.

5.7 Sustaining Improvement

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

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

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

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.

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

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

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

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?”

5.8.7 Patient empowerment tools

5.8.7.1 Patient empowerment leaflet (*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: HCWs 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.

5.8.7.2 Patient empowerment survey (*appendix 12A-C*)

- What:** A questionnaire about the patients' thoughts on the HH improvement program, patient engagement, why patients should be involved in reminding HCWs 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: HCWs 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.

5.9 Role modelling

- 5.9.1** Use "authority figures" (e.g. 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.
- 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.

References

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Appendix-1: Ward Infrastructure Survey

Ward Infrastructure Survey



Period: _____ Date: _____ Facility: _____ Ward*: _____

1. Department:

- ☐ Internal medicine ☐ Surgery ☐ Intensive care unit ☐ Mixed medical/surgical
☐ Emergency unit ☐ Obstetrics ☐ Paediatrics ☐ Outpatient
☐ 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?

- ☐ Hand-operated ☐ Elbow/wrist-operated
☐ Foot-operated ☐ 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?

- ☐ Always ☐ Intermittently ☐ Rarely ☐ Never

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

- ☐ Pocket bottle ☐ Bottle affixed to trolley/tray ☐ Bottle affixed to bed
☐ Wall dispenser ☐ 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?

- ☐ Always ☐ Intermittently ☐ Rarely ☐ Never ☐ 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?

- ☐ Always ☐ Intermittently ☐ Rarely ☐ Never

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

- ☐ Yes ☐ No

20. If yes, how frequently?

- ☐ At least once a year ☐ At least once every 2 years ☐ 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 healthcare 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.

Appendix-2: Alcohol-based Handrub Consumption Survey



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.....

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

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 in monthly (at the end of each month).
- A new form should be filled in every 6 months.
- Ensure that the amount in stock is subtracted to calculate the real product consumption
- Calculate the 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



World Health
Organization

Patient Safety
A World Alliance for Safer Health Care



How to handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

① Duration of the entire procedure: 20-30 seconds



How to handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

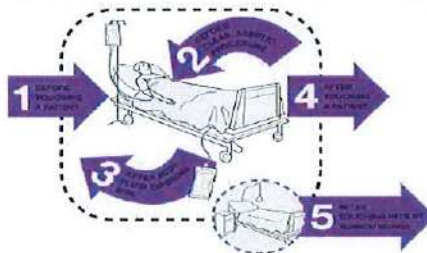
② Duration of the entire procedure: 40-60 seconds



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



When? 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/or 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.

Appendix-4: Glove Use Information Leaflet

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

Definition

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 Alhamiya - Tel. 24917392 - 24917391
www.icikw.net



STERILE GLOVES INDICATED

Long surgical procedures, surgical aseptic, invasive, orthopedic procedures, performing major surgery and procedures on sterile areas, inserting into sterile surfaces and intravascular catheters.

EXAMINATION GLOVES INDICATED IN CLINICAL SITUATIONS

Potential for touching blood, body fluids, secretions, excretions and items visibly soiled by body fluids.

DIRECT PATIENT EXPOSURE: Contact with blood contact with mucous membranes and with non-intact skin, potential presence of highly infectious and dangerous organisms, epidemics or emergency situations, insertion and removal, drawing blood, disconnection of venous line, pelvic and vaginal examinations, suctioning or closed systems of endotracheal tubes.

INDIRECT PATIENT EXPOSURE: Emptying emesis basins; handling/ cleaning instruments; handling waste; cleaning up spills of body fluids.

GLOVES NOT INDICATED (except for CONTACT precautions)

No potential for exposure to blood or body fluids, or contaminated environment

DIRECT PATIENT EXPOSURE: Taking blood pressure, temperature and pulse; performing SC and IM injections; bathing and dressing the patient; transporting patient; caring for eyes and ears (without suction); any vascular line manipulation in absence of blood leakage

INDIRECT PATIENT EXPOSURE: Using the telephone; writing in the patient chart; giving oral medications; distributing or collecting patient dietary trays; removing and replacing linen for patient bed; placing non-invasive ventilation equipment and oxygen cannula; moving patient furniture.

When the hand hygiene indication occurs before a contact requiring glove use, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water.

1. HOW TO DON GLOVES

1. Take out a glove from its original box.
2. Touch only a restricted surface of the glove corresponding to the wrist (at the top edge of the cuff).
3. Don the first glove.
4. Take the second glove with the bare hand and touching a restricted surface of glove corresponding to the wrist.
5. To avoid touching the skin of the fingers with the gloved hand, turn the external surface of the glove to be donned on the back of the gloved hand, thus permitting to grasp the second hand.
6. Once gloved, hands should not touch anything else that is not definitely indications and conditions for glove use.

2. HOW TO REMOVE GLOVES:

1. Pinch one glove at the wrist level to remove it, without touching the skin of the forearm, and peel away from the hand; then allowing the glove to turn inside out.
2. Hold the removed glove in the gloved hand and slide the fingers of the ungloved hand inside between the glove and the wrist. Remove the second glove by rolling it down the hand and fold into the first glove.
3. Discard the removed gloves.
4. Then, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water.

Type of gloves to be used:

As a general policy, selection of non-sterile 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 for Inpatient Setting:

1. The observation will be carried out in all hospital clinical locations including all inpatient wards, and critical care areas.
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. The observation period is one month per location only in the working days with daily sessions.
4. The daily session will be of 30 minutes duration and should be preferable during ward rounds for inpatient wards.
5. Gather data on a minimum of 200 opportunities per clinical location per observation period.
6. The observer should introduce him/herself to the healthcare worker (HCW), 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 HCWs simultaneously if the density of hand hygiene opportunities permits. Do not observe more than three HCWs 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 an HCW approaching a patient without having seen what the HCW 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 HCW 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, ENT, 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"/> Surgery <input type="checkbox"/> Intensive care unit <input type="checkbox"/> Mixed medical/surgical <input type="checkbox"/> Obstetrics <input type="checkbox"/> Paediatrics <input type="checkbox"/> Rehabilitation and long term		

Prof.cat			Nurse			Prof.cat			Med doctor			Prof.cat			Auxiliary			Prof.cat			Others		
Total N°			Total N°			Total N°			Total N°			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	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	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	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	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	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	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	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	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	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 -5B: HH Observation Tools - Outpatient setting

General Recommendations for 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. The observation period is one month per location only in the working days with daily sessions.
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 a minimum of 200 opportunities per clinical location per observation period.
6. The observer should introduce him/herself to the healthcare workers (HCWs), 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 HCWs simultaneously if the density of hand hygiene opportunities permits. Do not observe more than three HCWs 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 an HCW 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 an HCW approaching a patient without having seen what the HCW 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 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 HCW 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, ENT, 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 healthcare 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 a 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°		Total N°		Total N°		Total N°		
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
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
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
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
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 (opportunity): 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

Observation Form – Inpatient 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"/> Intensive care unit			<input type="checkbox"/> Mixed medical/surgical					
	<input type="checkbox"/> Obstetrics			<input type="checkbox"/> Paediatrics			<input type="checkbox"/> Rehabilitation and long term								
	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															

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

Instructions

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

Observation Form – 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"/> Intensive care unit <input type="checkbox"/> Mixed medical/surgical <input type="checkbox"/> Obstetrics <input type="checkbox"/> Paediatrics <input type="checkbox"/> Rehabilitation and long term														
	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															
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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															

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

Instructions

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 -6: Perception Survey for HCW

Perception Survey for Healthcare 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 healthcare facility; one service can include multiple wards).

Part 1

6. Date
7. Facility:
8. Service:
9. Ward:
10. Health region:
11. Gender: ☐ Female ☐ Male
12. Age: years
13. 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)
14. 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
15. Did you receive formal training in hand hygiene in the last three years? ☐ Yes ☐ No
16. Do you routinely use an alcohol-based handrub for hand hygiene? ☐ Yes ☐ No
17. 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
18. In general, what is the impact of a health care-associated infection on a patient's clinical outcome? ☐ Very low ☐ Low ☐ High ☐ Very high
19. What is the effectiveness of hand hygiene in preventing health care-associated infection? ☐ Very low ☐ Low ☐ High ☐ Very high
20. Among all patient safety issues, how important is hand hygiene at your institution?

<input type="checkbox"/> Low priority	<input type="checkbox"/> Moderate priority	<input type="checkbox"/> High priority	<input type="checkbox"/> Very high priority
---------------------------------------	--	--	---
21. 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
22. 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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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
23. What importance does the head of your department attach to the fact that you perform optimal hand hygiene?
No importance ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very high importance
24. What importance do your colleagues attach to the fact that you perform optimal hand hygiene?
No importance ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very high importance
25. What importance do patients attach to the fact that you perform optimal hand hygiene?
No importance ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very high importance
26. How do you consider the effort required by you to perform good hand hygiene when caring for patients?
No effort ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ A big effort
27. 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

28. Has the use of an alcohol-based handrub made hand hygiene easier to practice in your daily work?
Not at all ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very important
29. Is the use of alcohol-based handrubs well tolerated by your hands?
Not at all ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very well
30. 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
31. Has the fact of being observed made you paying more attention to your hand hygiene practices?
Not at all ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very much
32. Were the educational activities that you participated in important to improve your hand hygiene practices?
Not at all ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very important
33. Do you consider that the administrators in your institution are supporting hand hygiene improvement?
Not at all ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very much
34. 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
35. Has your awareness of your role in preventing healthcare-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!

Appendix -7: HCW Knowledge Survey



Hand Hygiene Knowledge Questionnaire for HCW



Dear HCW

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. Personal 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) :
 - ☐ Internal medicine ☐ Surgery ☐ Mixed medical/surgical
 - ☐ Intensive care unit ☐ Obstetrics ☐ Paediatrics
 - ☐ Emergency unit ☐ rehabilitation/ long term ☐ outpatient clinic ☐ 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 healthcare facility? (*tick one answer only*)
 - a. ☐ Health-care workers' hands when not clean
 - b. ☐ Air circulating in the hospital
 - c. ☐ Patients' exposure to colonized 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 healthcare-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?
(tick all the appropriate statements)

- | | |
|--|--------------------------|
| a. Before touching a patient | <input type="checkbox"/> |
| b. Immediately after a risk of body fluid exposure | <input type="checkbox"/> |
| c. After exposure to the immediate surroundings of a patient | <input type="checkbox"/> |
| d. Immediately before a clean/aseptic procedure | <input type="checkbox"/> |

16. Which of the following hand hygiene actions prevents transmission of germs to the health-care worker? (tick all the appropriate statements)

- a. After touching a patient
- b. Immediately after a risk of body fluid exposure
- c. Immediately before a clean/aseptic procedure
- d. After exposure to the immediate surroundings of a patient

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

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

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 colonization of hands with harmful germs? (tick all the appropriate statements)

- a. Wearing jewellery ☐
- b. Damaged skin ☐
- c. Artificial fingernails ☐
- d. Regular use of a hand cream ☐

Thank you very much for your time!

Appendix-8: Your 5 Moments for HH Poster

8A

Your 5 Moments for Hand Hygiene

1	BEFORE TOUCHING A PATIENT	WHY?	Clean your hands before touching a patient, to protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHY?	Clean your hands immediately before performing a clean/aseptic procedure, to protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHY?	Clean your hands immediately after exposure to body fluids and/or other exposure risk, to protect yourself and the environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHY?	Clean your hands after touching a patient and his/her surroundings, when touching a patient's skin, to protect yourself and the environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHY?	Clean your hands after touching any object or furniture in the patient surroundings when a specific area is temporarily and exclusively dedicated to a patient - even if the patient has not been touched. To protect yourself and the environment from harmful patient germs.

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

8B

Your 5 Moments for Hand Hygiene

Dental Care

1	BEFORE TOUCHING A PATIENT	WHY?	Clean your hands before touching a patient, to protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHY?	Clean your hands immediately before performing a clean/aseptic procedure, to protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHY?	Clean your hands immediately after exposure to body fluids and/or other exposure risk, to protect yourself and the environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHY?	Clean your hands after touching the patient or the end of the encounter or when the procedure is interrupted, to protect yourself and the environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHY?	Clean your hands after touching any object or furniture in the patient surroundings when a specific area is temporarily and exclusively dedicated to a patient - even if the patient has not been touched. To protect yourself and the environment from harmful patient germs.

World Health Organization | **SAVE LIVES**
Clean Your Hands

8C

Your Moments for Hand Hygiene

Paediatric Consultation

1	BEFORE TOUCHING A PATIENT	WHY?	Clean your hands before touching a patient, to protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHY?	Clean your hands immediately before performing a clean/aseptic procedure, to protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHY?	Clean your hands immediately after exposure to body fluids and/or other exposure risk, to protect yourself and the environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHY?	Clean your hands after touching the patient at the end of the encounter or when the encounter is interrupted, to protect yourself and the environment from harmful patient germs.

World Health Organization | **SAVE LIVES**
Clean Your Hands

8D

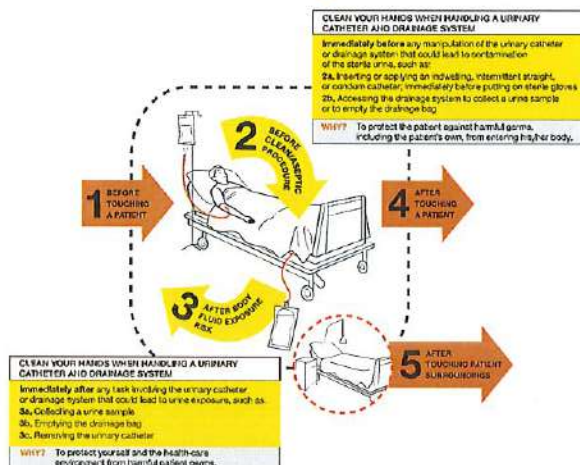
Your 5 Moments for Hand Hygiene

Haemodialysis in ambulatory care

1	BEFORE TOUCHING A PATIENT	WHY?	Clean your hands before touching a patient, to protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHY?	Clean your hands immediately before performing a clean/aseptic procedure, to protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHY?	Clean your hands immediately after exposure to body fluids and/or other exposure risk, to protect yourself and the environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHY?	Clean your hands after touching the patient at the end of the encounter or when the encounter is interrupted, to protect yourself and the environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHY?	Clean your hands after touching any object or furniture in the patient surroundings when a specific area is temporarily and exclusively dedicated to a patient - even if the patient has not been touched. To protect yourself and the environment from harmful patient germs.

World Health Organization | **SAVE LIVES**
Clean Your Hands

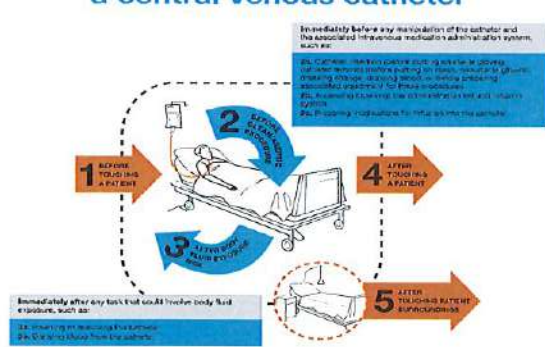
My 5 Moments for Hand Hygiene



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



Key additional considerations for central intravenous catheters

- [illegible]

Your Moments for Hand Hygiene



1	INTERNAL FIREWORKS EXPLOSION	WATER	WATER	Open your family before looking at a patient. To protect the patient against harmful gases caused on your hands.
2	INTERNAL GASES AND VAPORS	WATER	WATER	Open your family immediately, before performing a clean-basic procedure. To protect the patient against harmful gases, in looking the patient's mouth, from entering the body.
3	AFTER SHOT FLUID OR BLOOD	WATER	WATER	Open your family immediately after a procedure is followed, exposing a risk to body fluids first after give removal. To prevent an injury and the discomfort from harmful a patient's gases.
4	POISONOUS GASES	WATER	WATER	Open your family after looking the patient at the end of the procedure or subject's encounter is interrupted. Exposure may lead to damage or trapped in harmful gases and vapors.



Your Moments for Hand Hygiene



- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 1 | WASH YOUR HANDS
AFTER EACH
ENCOUNTER | W0001 | W0002 | W0003 | W0004 | W0005 | W0006 | W0007 | W0008 | W0009 | W0010 | W0011 | W0012 | W0013 | W0014 | W0015 | W0016 | W0017 | W0018 | W0019 | W0020 | W0021 | W0022 | W0023 | W0024 | W0025 | W0026 | W0027 | W0028 | W0029 | W0030 | W0031 | W0032 | W0033 | W0034 | W0035 | W0036 | W0037 | W0038 | W0039 | W0040 | W0041 | W0042 | W0043 | W0044 | W0045 | W0046 | W0047 | W0048 | W0049 | W0050 | W0051 | W0052 | W0053 | W0054 | W0055 | W0056 | W0057 | W0058 | W0059 | W0060 | W0061 | W0062 | W0063 | W0064 | W0065 | W0066 | W0067 | W0068 | W0069 | W0070 | W0071 | W0072 | W0073 | W0074 | W0075 | W0076 | W0077 | W0078 | W0079 | W0080 | W0081 | W0082 | W0083 | W0084 | W0085 | W0086 | W0087 | W0088 | W0089 | W0090 | W0091 | W0092 | W0093 | W0094 | W0095 | W0096 | W0097 | W0098 | W0099 | W0100 | W0101 | W0102 | W0103 | W0104 | W0105 | W0106 | W0107 | W0108 | W0109 | W0110 | W0111 | W0112 | W0113 | W0114 | W0115 | W0116 | W0117 | W0118 | W0119 | W0120 | W0121 | W0122 | W0123 | W0124 | W0125 | W0126 | W0127 | W0128 | W0129 | W0130 | W0131 | W0132 | W0133 | W0134 | W0135 | W0136 | W0137 | W0138 | W0139 | W0140 | W0141 | W0142 | W0143 | W0144 | W0145 | W0146 | W0147 | W0148 | W0149 | W0150 | W0151 | W0152 | W0153 | W0154 | W0155 | W0156 | W0157 | W0158 | W0159 | W0160 | W0161 | W0162 | W0163 | W0164 | W0165 | W0166 | W0167 | W0168 | W0169 | W0170 | W0171 | W0172 | W0173 | W0174 | W0175 | W0176 | W0177 | W0178 | W0179 | W0180 | W0181 | W0182 | W0183 | W0184 | W0185 | W0186 | W0187 | W0188 | W0189 | W0190 | W0191 | W0192 | W0193 | W0194 | W0195 | W0196 | W0197 | W0198 | W0199 | W0200 | W0201 | W0202 | W0203 | W0204 | W0205 | W0206 | W0207 | W0208 | W0209 | W0210 | W0211 | W0212 | W0213 | W0214 | W0215 | W0216 | W0217 | W0218 | W0219 | W0220 | W0221 | W0222 | W0223 | W0224 | W0225 | W0226 | W0227 | W0228 | W0229 | W0230 | W0231 | W0232 | W0233 | W0234 | W0235 | W0236 | W0237 | W0238 | W0239 | W0240 | W0241 | W0242 | W0243 | W0244 | W0245 | W0246 | W0247 | W0248 | W0249 | W0250 | W0251 | W0252 | W0253 | W0254 | W0255 | W0256 | W0257 | W0258 | W0259 | W0260 | W0261 | W0262 | W0263 | W0264 | W0265 | W0266 | W0267 | W0268 | W0269 | W0270 | W0271 | W0272 | W0273 | W0274 | W0275 | W0276 | W0277 | W0278 | W0279 | W0280 | W0281 | W0282 | W0283 | W0284 | W0285 | W0286 | W0287 | W0288 | W0289 | W0290 | W0291 | W0292 | W0293 | W0294 | W0295 | W0296 | W0297 | W0298 | W0299 | W0300 | W0301 | W0302 | W0303 | W0304 | W0305 | W0306 | W0307 | W0308 | W0309 | W0310 | W0311 | W0312 | W0313 | W0314 | W0315 | W0316 | W0317 | W0318 | W0319 | W0320 | W0321 | W0322 | W0323 | W0324 | W0325 | W0326 | W0327 | W0328 | W0329 | W0330 | W0331 | W0332 | W0333 | W0334 | W0335 | W0336 | W0337 | W0338 | W0339 | W0340 | W0341 | W0342 | W0343 | W0344 | W0345 | W0346 | W0347 | W0348 | W0349 | W0350 | W0351 | W0352 | W0353 | W0354 | W0355 | W0356 | W0357 | W0358 | W0359 | W0360 | W0361 | W0362 | W0363 | W0364 | W0365 | W0366 | W0367 | W0368 | W0369 |
|---|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|



How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

⌚ Duration of the entire procedure: 20-30 seconds



How to handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

⌚ Duration of the entire procedure: 40-60 seconds



Patient Safety
A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands



World Health Organization

Patient Safety
A World Alliance for Safer Health Care



Appendix-10: Hand Hygiene Incident Report

KNHSS Kuwait National Healthcare-associated Infections Surveillance System	Hand Hygiene Incident Report	<input type="checkbox"/> First <input type="checkbox"/> Repeated
<ul style="list-style-type: none"> <i>Information in this form is used for evaluating and improving patient safety and quality of care</i> <i>The incident will be included in the Monthly Infection Control Report and discussed in the infection control committee, if breeches repeated by the same member of staff, it will be reported to the head of the department and hospital director for action required</i> 		
I. Details of the incident		II. Healthcare personnel Job category
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)
III. Gross breach of Hand Hygiene policy has occurred		
A. Hand Hygiene was not performed in the following:		B. Inappropriate glove use in the following:
<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 patient <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 parental nutrition and chemotherapeutic agents.
C. Others, (Specify):		
IV. Cause of poor adherence with Hand Hygiene		
<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
V. Onsite education was given <input type="checkbox"/> Yes <input type="checkbox"/> No		
HH coordinator signature _____		Date: ____ / ____ / ____

Appendix-11A: Patient empowerment

تمكين المريض من المشاركة في الرعاية الطبية
Patient Empowerment

لذا نحن مكافحة العدوى هي مسؤولية الجميع
Remember Preventing Infection Is Everyone's Responsibility



تمكين المريض من المشاركة في الرعاية الطبية

تمكين المريض من المشاركة في الرعاية الطبية

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 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 illnesses and viruses. So before they treat you, ask them if they've cleaned their hands.

تمكين المريض من المشاركة في الرعاية الطبية

الهدف من هذه الإرشادات هو مساعدة المرضى ليرجعوا أكثر اعتماداً ومشاركة في الرعاية الصحية المقدمة لهم.

أن تجنب الأمراض المعدية مثل نزلات البرد، التهاب الحلق والإنفلونزا أمر مهم جداً للجميع.

هناك خطوات سهلة يمكنك القيام بها لمكافحة انتشار العدوى والأمراض.

أ - استخدم الماء والصابون لفرط اليدين جيداً لمدة لا تقل عن 15 ثانية مع إزاحة راحة اليد والأظفار وما بين الأصابع وخلف اليد.

ب - إذا كانت يديك تبدو نظيفة فيمكنك استخدام المطهر الكحولي لتطهير اليدين.

ت - يجب لتطهير اليدين قبل تناول الطعام أو قبل لمس الأشياء.

ث - يجب لتطهير اليدين بعد دخول الحمام.

ج - عليك لتطهير يديك قبل زيارتك للمريض.

ح - قد يأتاك من أن مقدمي الرعاية الصحية قد غابوا بتدظيف أيديهم قبل التعامل مع المريض وأنهم قد قرأوا هذا جديداً.

الطريقة الصحيحة لغسل اليدين

إرشادات غسل اليدين
لزيارة المراكز الصحية والمستشفيات

قف! ساعد في وقف انتشار العدوى

مكافحة العدوى هي مسؤولية الجميع

هل غسلت يديك؟

1 - يمسح اليد بالصابون
2 - يمسح اليد بالصابون على ظهر اليد والخطم
3 - يمسح اليد بالصابون على راحة اليد
4 - يمسح الأصابع بالصابون
5 - يمسح اليد بالصابون على راحة اليد
6 - يمسح اليد بالصابون على راحة اليد
7 - تمشيط الأصابع
8 - تمشيط اليد بالصابون

تمكين المريض من المشاركة في الرعاية الطبية

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

من المهم أن تتم عملية غسل اليدين بالصورة الصحيحة

نرجو أن تتبع نصائح وإرشادات منع العدوى ومن أهمها:

تطهير يديك عند دخولك وخروجك من المركز الصحية باستخدام المطهر الكحولي أو بغسل اليدين بالماء والصابون.

يجب غسل اليدين في الحالات التالية:

- عند دخول المركز الصحي وخروج منه.
- بعد دخول الحمام.
- قبل مساعدة الغير تناول وجبة الطعام.
- بعد العطس أو السعال.

1 - يمسح اليد بالصابون
2 - يمسح اليد بالصابون على ظهر اليد والخطم
3 - يمسح اليد بالصابون على راحة اليد
4 - يمسح الأصابع بالصابون
5 - يمسح اليد بالصابون على راحة اليد
6 - يمسح اليد بالصابون على راحة اليد
7 - تمشيط الأصابع
8 - تمشيط اليد بالصابون

Hand Washing Technique

Wet hands and apply soap

STOP! Help prevent the Spread of Infection

Have You Washed Your Hands?

7. Rinse hands
8. Dry well with paper towels.

www.kdc.gov.kw

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

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

Equipment needed for effective hand washing

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

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, fingertips, between the fingers and the backs of the hands (see diagram) 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.

Appendix-12B: 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
☐ Spouse
☐ Relative
☐ Friend
☐ Other (please explain):-----

Thank you for taking the time to complete this form. Your feedback is very valuable.

Appendix- 12C: Patient empowerment survey (Arabic)

استبيان تمكين المرضى

انت شريكنا في الرعاية الصحية!!

الغرض من هذه الاستبيان هو فهم ما يفكر به المرضى حول نظافة الأيدي في المستشفيات والمراكز الصحية. هذا الاستبيان اختياري ويستغرق حوالي 5 دقائق من وقتك. ملاحظتك جديرة بالاهتمام. لا تضع اسمك على الاستبيان فالاستبيان لا يحتاج الى التعرف على هويتك. اختار إجابة واحدة فقط لكل سؤال.



نظافة الأيدي هي عملية تنظيف اليدين. هناك طريقتان لنظافة الأيدي: الغسل بالماء والصابون أو استخدام المطهر الكحولي.

تاريخ اليوم: _____ (اليوم) _____ (شهر) _____ (السنة)

1. أثناء إقامتك في المستشفى مؤخرا، هل قام الطبيب أو أحد العاملين في مجال الرعاية الصحية بشرح "برنامج نظافة اليد" لك؟
نعم ☐ لا ☐ لست متأكدا ☐
2. في الساعات الأربع وعشرون الماضية، هل رأيت طبيب أو أحد العاملين في مجال الرعاية الصحية يقومون بتنظيف أيديهم؟
نعم ☐ لا ☐ لست متأكدا ☐
3. ماذا تفعل عادة إذا كنت تعتقد ان الطبيب أو غيره من العاملين في مجال الرعاية الصحية لم يقوموا بتنظيف أيديهم قبل لمسك؟
☐ لا شيء
☐ أقول شيئا للعامل في مجال الرعاية الصحية مباشرة
☐ أقول شيئا لعامل اخر في مجال الرعاية الصحية
☐ لا شيء
☐ أقول شيئا لأحد الزائرين / عائلتي
☐ لست متأكدا
4. أثناء إقامتك في المستشفى مؤخرا، هل ذكرت الطبيب الخاص بك أو غيره من العاملين في مجال الرعاية الصحية لتنظيف أيديهم؟
نعم ☐ لا ☐
5. إذا كانت اجابتك 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؟
☐ مريح للغاية
☐ مريح الى حد ما
☐ غير مريح الى حد ما
☐ غير مريح للغاية
7. كيف كان شعورك بالراحة (أو سيكون شعورك) عند تذكيرك غيرهم من العاملين في مجال الرعاية الصحية لتنظيف أيديهم؟
☐ مريح للغاية
☐ مريح الى حد ما
☐ غير مريح الى حد ما
☐ غير مريح للغاية
8. هل ينبغي أن يشارك المرضى في تذكير الأطباء وغيرهم من العاملين في مجال الرعاية الصحية لتنظيف أيديهم؟
نعم ☐ لا ☐ لست متأكدا ☐
9. هل تعتقد ان العاملين في مجال الرعاية الصحية يقومون بتنظيف أيديهم عندما يجب عليهم ذلك؟
☐ نعم، دائما
☐ نعم، ولكن في بعض الأحيان فقط
☐ لا، لا يقومون بتنظيف أيديهم عندما يجب عليهم ذلك
☐ نعم، ولكن في حالات نادرة جدا
10. هل معرفتك بوجود برنامج لنظافة الأيدي في المستشفى يجعلك تشعر بمزيد من الثقة حول الرعاية الصحية المقدمة لك؟
☐ نعم، الكثير من الثقة
☐ نعم، إلى حد ما أكثر ثقة
☐ نعم، ولكن قليلا فقط من الثقة
☐ لا، لا يغير ما أشعر به تجاه الرعاية الصحية المقدمة لي
☐ لا، يجعلني أقل ثقة في الرعاية الصحية المقدمة لي
11. يرجى بيان ما إذا كنت:
☐ مريض
☐ زوج / زوجة
☐ صديق
☐ قريب

نشكرك على وقتك لإكمال هذا الاستبيان. ملاحظتك قيمة جدا