

Sepsis & hand hygiene

Each year, sepsis causes on average six million deaths worldwide – it's the primary cause of death from infection and it's more common than heart attacks. In fact, sepsis is a contributing factor in one third of all hospital deaths.^{1,2,3}

As 1 in 10 patients worldwide will acquire at least one healthcare associated infection (HAI) that can develop into sepsis, hand hygiene is a crucial part of the prevention of microbial cross-transmission from HCPs to patients.^{4,5}

Hand hygiene is a general term referring to any action of hand cleansing and the removal of microorganisms such as hand-washing or alcohol based handrub.⁵

Key recommendations

- ✓ Follow the WHO guidelines on the **5 moments of hand hygiene** so that you can perform hygiene at appropriate times
- ✓ Do not forget hand hygiene **when donning and removing gloves**
- ✓ If your hands are visibly **soiled or contaminated** by bodily fluids, go to the nearest sink and wash your hands using soap and water
- ✓ **Discuss the importance** of hand hygiene with your patients and their families to spread the message

Discover more about sepsis and hygiene on www.tork.co.uk/WHHD

5 facts on hand hygiene



The importance of hand hygiene amongst HCPs has been apparent since the late 19th century with a study around the spread of infections during childbirth⁶



The convenient and visible placement of dispensers is crucial to facilitate compliance⁷

Up to 2 in every 5

cases of HAIs are caused by cross-infection via the hands of health care workers.⁸



61%

of healthcare workers on average aren't adhering to best hand hygiene practices⁹



Improved hand hygiene has been shown to reduce HAI spread

by 40%^{10,11}

5 moments of hand hygiene

For effective hand hygiene, HCPs should disinfect or wash their hands at 5 critical moments during patient care

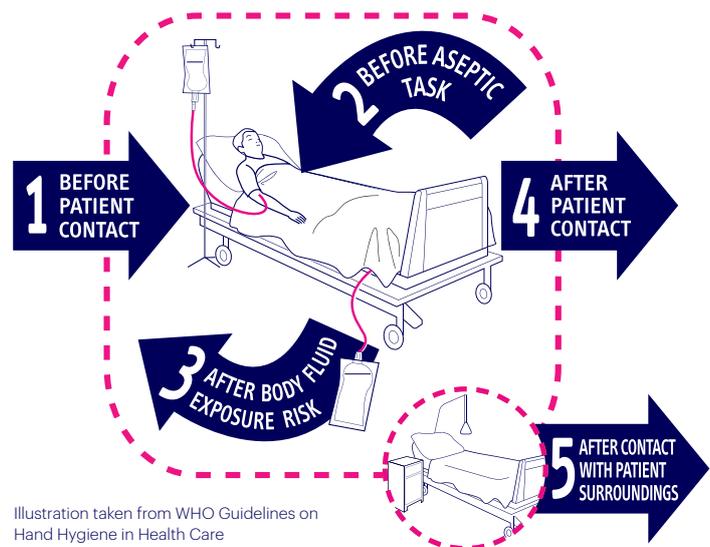


Illustration taken from WHO Guidelines on Hand Hygiene in Health Care

- 1.** Examples: shaking hands, helping a patient to move around, clinical examination
- 2.** Examples: oral/dental care, secretion aspiration, wound dressing, catheter insertion, preparation of food, medications
- 3.** Examples: oral/dental care, secretion aspiration, drawing and manipulating blood, clearing up urine, faeces, handling waste
- 4.** Examples: shaking hands, helping a patient to move around, clinical examination
- 5.** Examples: changing bed linen, perfusion speed adjustment

1. Global Sepsis Alliance. Resolutions. 2017 (online) <https://www.srff.org/wp-content/uploads/2017/06/GSA-Resolution-Announcement-May-2017-News-Release.pdf>. **2.** UK Sepsis Trust. Sepsis Manual. 2018 (online) https://sepsistrust.org/wp-content/uploads/2018/02/Sepsis_Manual_2017_inal_v7-red.pdf. **3.** Liu et al. JAMA. 2014;312(1):90-92. **4.** WHO. HAIs Fact sheet. 2016 (Online) http://www.who.int/gpsc/country_work/gpsc_ccisc_fact_sheet_en.pdf?ua=1. **5.** WHO. Guidelines on Hand Hygiene. 2009 (online) http://apps.who.int/iris/bitstream/handle/10665/44102/9789241597906_eng.pdf;jsessionid=EF3EBD475307437129620344CC1DEE66?sequence=1. **6.** La Rochelle et al. J R Soc Med. 2013;106(11):459-460. **7.** Tork®. Strategic Dispenser Placement Important for Hand Hygiene in Hospitals. (online) <http://www.torkusa.com/about/press-releases/news-detail?id=21484>. **8.** Weber DJ, et al. Am J Infect Control. 2010; 38(5 Suppl 1):S2533. **9.** WHO. Health Care Without Avoidable Infections. The critical role of infection prevention and control. 2016 (online) <http://apps.who.int/iris/bitstream/handle/10665/246235/WHO-HIS-SDS2016.10-eng.pdf?sequence=1>. **10.** Kampf G, et al. Dtsch Arztebl Int. 2009;106(40):649655. **11.** WHO. Evidence of hand hygiene to reduce transmission and infections by multi-drug resistant organisms in health-care settings. 2013 (online) http://www.who.int/gpsc/5may/MDRO_literature-review.pdf.

Think hygiene. Act to prevent. Care for patients.

