

Higiena rąk jako „nowe” wyzwanie

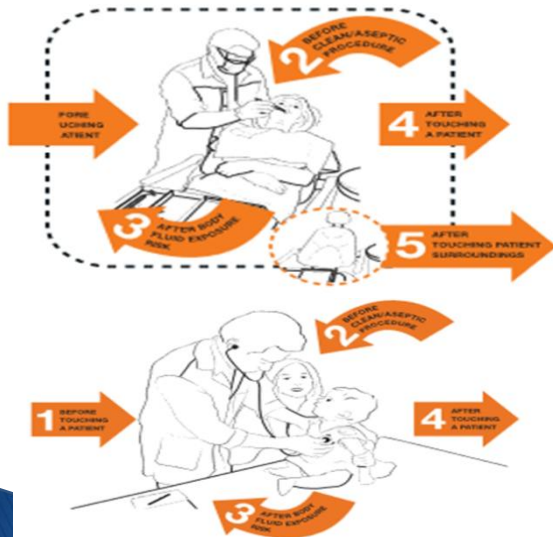
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Narodowy Instytut Leków w Warszawie

Warszawa, 7 grudnia 2024

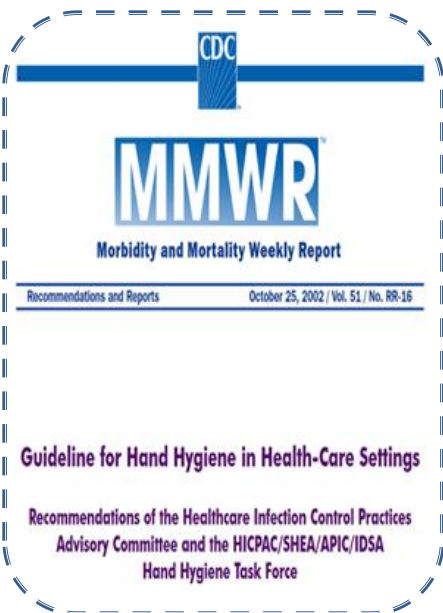
Higiena rąk – najstarsza procedura:

- ❑ Mycie rąk z powodów religijnych i ceremonialnych
- ❑ Mycie rąk w celu zapobiegania rozprzestrzeniania infekcji – Majmonides, Ignaz Semmelweis, Joseph Lister
- ❑ Higiena rąk – profesjonalna procedura medyczna



Higiena rąk – najlepiej opisana procedura:

☐ Rekomendacje światowe



Higiena rąk – najlepiej opisana procedura:

☐ Rekomendacje krajowe i lokalne

Empfehlungen

Bundesgesundheitsbl 2016 · 59:1189–1220
DOI 10.1007/s00103-016-2416-6
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Händehygiene in Einrichtungen des Gesundheitswesens



Empfehlung der Kommission für Krankenhaushygiene
und Infektionsprävention (KRINKO) beim Robert
Koch-Institut (RKI)

Journal of Hospital Infection 86:51 (2014) 51-570

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Journal of Hospital Infection

Journal homepage: www.elsevierhealth.com/journals/jhin



ipac Infection Prevention and Control Canada

IPAC CANADA PRACTICE RECOMMENDATIONS Hand Hygiene in Health Care Settings

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“Adherence to hand hygiene recommendations is the single most important practice for preventing the transmission of microorganisms in health care and directly contributes to patient safety”.⁽¹⁾ Professional, federal, provincial and territorial occupational health and safety recommendations, as well as regulations and legislation regarding hand hygiene, should be followed.¹

DEVELOPED BY:
IPAC Canada's
Standards and Guidelines
Committee
June 2017
Reviewed October 2022



PODSTAWOWA
OPIEKA
ZDROWOTNA
HIGIENA
RĄK

Higiena rąk to bezpieczna opieka

PODSTAWOWA
OPIEKA
ZDROWOTNA
HIGIENA
RĄK

Informacje dla pacjentów

Higiena rąk – najlepiej opisana procedura:

☐ Informacja na stronach internetowych:

- ☐ <https://www.who.int/teams/integrated-health-services/infection-prevention-control/hand-hygiene>
- ☐ <https://www.cdc.gov/clean-hands/about/index.html>
- ☐ <https://www.ecdc.europa.eu/en/publications-data/directory-guidance-prevention-and-control/core-requirements-healthcare-settings-0>

☐ Programy, akcje i kampanie:



Higiena rąk – nadal nieznana:

ANTT
Aseptic Non Touch Technique

Peripheral Cannulation (Using Standard-ANTT)

for the ANTT Practice Framework see: www.antt.org

Preparation Zone



1
Disinfect hands with alcohol hand rub or soap & water



2
Disinfect Tray according to local policy creating a General Aseptic Field



3
Gather Equipment (a cannulation pack can standardize equipment & save time)



4
Disinfect hands with alcohol hand rub or soap & water



5
Prepare Equipment protecting Key-Parts using non-touch technique (NTT) & Micro Critical Aseptic Fields



6
Disinfect hands after ending preparation and again before patient contact with alcohol hand rub or soap & water

Patient Zone



7
Position arm on drape and pillow (apply single-use disposable apron)



8
Apply Disposable tourniquet, locate vein, release tourniquet



9
Disinfect Hands with alcohol hand rub or soap & water



10
Tighten Tourniquet (use single-use disposable tourniquet)



11
Apply Gloves (use sterile gloves if Key-Parts or Key-Site must be touched directly)



12
Disinfect Site for 30 seconds using 2% CHG / 70% alcohol with friction. Allow to dry



13
Anchor Vein below puncture site & insert cannula using NTT & attach IV extension – flush line



14
Apply Semi-Permeable Dressing using NTT & attach a fixation device



15
Dispose of Sharps and equipment



16
Dispose of Gloves & then apron & immediately ...



17
Disinfect hands with alcohol hand rub or soap & water

Decontamination Zone



18
Disinfect Tray according to local policy



19
Disinfect hands with alcohol hand rub or soap & water

Higiena rąk – nadal nieznana:

ANTT
Aseptic Non Touch Technique

Indwelling urinary catheterization
(Using Surgical-ANTT)

for the ANTT Practice Framework see: www.antt.org

Preparation zone			Patient zone				
<p>Prep patient</p> <ul style="list-style-type: none"> - Apply waterproof pad & gown - Ask patient to lift gown pre step 9 - Request patient performs general perineal hygiene 	<p>1</p> <p>Disinfect Hands with alcohol gel or soap & water</p>	<p>2</p> <p>Disinfect Trolley according to local policy (PPE as required)</p>	<p>3</p> <p>Gather Equipment onto bottom shelf</p>	<p>4</p> <p>Disinfect Hands & apply disposable apron</p>	<p>5</p> <p>Open Catheter Pack creating a Critical Aseptic Field (sterilized drape) & position waste bag</p>	<p>6</p> <p>Prepare Equipment on the Critical Aseptic Field using non-touch technique (NTT)</p>	
<p>7</p> <p>Disinfect Hands with alcohol gel or soap & water. Apply sterilized gloves</p>	<p>8</p> <p>Apply Drapes (Critical Aseptic Fields) Fenestrated over genitals</p>	<p>9</p> <p>Clean Urethral Orifice with normal saline & gauze</p>	<p>10</p> <p>Insert Sterile Lubricating Gel</p>	<p>11</p> <p>Dispose Gloves immediately disinfect hands & apply a new pair of sterile gloves</p>	<p>12</p> <p>Insert Catheter using NTT & Micro Critical Aseptic Fields</p>	<p>13</p> <p>Inflate Balloon using NTT, and collect samples for testing (as required)</p>	
<p>14</p> <p>Attach Collection Bag using NTT (n/a if collection bag is pre-attached)</p>	<p>15</p> <p>Dispose of Waste gloves & apron then immediately ...</p>	<p>16</p> <p>Disinfect Hands with alcohol hand rub or soap & water</p>	<p>Decontamination zone</p>			<p>17</p> <p>Disinfect Trolley according to local policy</p>	<p>18</p> <p>Disinfect hands with alcohol hand rub or soap & water</p>

Higiena rąk – budząca niechęć:

- ❑ Wg WHO **tylko 40%** lekarzy i pielęgniarek na całym świecie przestrzega wytycznych dotyczących higieny rąk
- ❑ Kampania w Australii (2009-2017r.; 105 vs 937 szpitali, 56 978 vs 586 559 HH) – poprawa HH z 64% do 84,7% i powrót do złych nawyków gdy brak obserwacji
- ❑ Argumenty za nie przestrzeganiem higieny rąk:
 - ❑ *Nie mam czasu*
 - ❑ *Opieka nad chorym jest ważniejsza niż higiena rąk*
 - ❑ *Stosuję rękawiczki*
 - ❑ *W moim szpitalu HH nie stanowi problemu.*

Higiena rąk – niedoszacowana procedura:



Punkt odniesienia oceniany na poziomie
20 litrów/1000 pacjento-dni

W praktyce oznacza zaledwie **20 ml 1 pacjento-dzień (PD)**
czyli 6,6 dezynfekcji rąk



International Journal of Infectious Diseases
Volume 33, April 2015, Pages 205–208



Measuring hand hygiene compliance rates in different special care settings: a comparative study of methodologies

Results

By direct observation we evaluated 1078 opportunities in the ICU, 1075 in the SDU, and 517 in the hematology–oncology unit, with compliance rates of 70.7%, 75.4%, and 73.3%, respectively. A total of 342299, 235914, and 248698 hand hygiene episodes were recorded by the electronic devices in the ICU, SDU, and hematology–oncology unit, respectively. There were also 127.2 ml, 85.3 ml, and 67.6 ml of alcohol gel used per patient-day in these units. We could find no correlation between the three methods.

Kramer et al. *BMC Infectious Diseases* (2021) 21:766
<https://doi.org/10.1186/s12879-021-06427-7>

BMC Infectious Diseases

RESEARCH ARTICLE

Open Access



Increase in consumption of alcohol-based hand rub in German acute care hospitals over a 12 year period

Results: In 2018, 75.2% of acute care hospitals in Germany ($n = 1,460$) participated. On ICUs ($n = 1,998$) mean AHC increased 1.74 fold (95%CI 1.71, 1.76; $p < .0001$) from 79.2 ml/PD to 137.4 ml/PD. In IMCs ($n = 475$) AHC increased 1.69 fold (95%CI 1.60, 1.79; $p < .0001$) from 41.4 ml/PD to 70.6 ml/PD. On RWs ($n = 14,857$) AHC was 19.0 ml/PD in 2007 and increased 1.71 fold (95%CI 1.70, 1.73; $p < .0001$) to 32.6 ml/PD in 2018.

Higiena rąk – „nowe” otwarcie: WIEDZA I DZIAŁANIE

Analiza zużycia:

I etap – zdefiniowanie potrzeb czyli zużycie/PD:

ilość procedur (1-2 os, 5 momentów) x 3ml

II etap – analiza wg oddziałów:

OIT, zabiegowe, zachowawcze, pediatria

III etap – analiza realnego zużycia preparatów HH w ml/PD
w odniesieniu do naszych potrzeb.

**Średnie zużycie dla szpitala (zniekaszalca BO, SOR)*

Zapewnienie środków i warunków umożliwiających
wykonanie higieny rąk w praktyce

Higiena rąk – „nowe” otwarcie: EDUKACJA



> Intern Emerg Med. 2022 Oct;17(7):1899-1905. doi: 10.1007/s11739-022-03024-7. Epub 2022 Jul 19.

A nudge intervention to improve hand hygiene compliance in the hospital

Fabrizio Elia ¹, Fabrizio Calzavarini ², Paola Bianco ³, Renata Gabriella Vecchietti ³, Antonio Franco Macor ⁴, Alessia D'Orazio ⁵, Antonella Dragonetti ⁶, Alessandra D'Alfonso ⁷, Laura Belletrutti ⁷, Mara Floris ⁸, Fabrizio Bert ⁹, Vincenzo Crupi ⁸, Franco Aprà ⁵

Affiliations + expand

PMID: 35852676 PMID: PMC9294805 DOI: 10.1007/s11739-022-03024-7



+40%
LAVAGGIO MANI



-40%
INFEZIONI

z 11,44% do 18,71%

Dziękuję za uwagę

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