



World Health
Organization

WHO SAVE LIVES: Clean Your Hands
5 May 2019

*“Clean care for all -
it's in your hands”*

<http://www.who.int/infection-prevention/en/>

Each year the WHO ***SAVE LIVES: Clean Your Hands*** campaign aims to maintain a global profile on the importance of hand hygiene in health care and to ‘bring people together’ in support of hand hygiene improvement globally.

THE ANNUAL GLOBAL HAND HYGIENE CAMPAIGN

- WHO OFFICIAL CAMPAIGN
- SUPPORTED BY WCC(HUG)

A permanent WHO web feature



updates



[Home](#) [Health topics](#) [Data](#) [Media centre](#) [Publications](#) [Countries](#) [Programmes](#) [Governance](#) [About WHO](#)

Search

Infection prevention and control

[Home page](#)

[About us](#)

[Campaigns](#)

[Implementation tools and resources](#)

[Evidence, guidelines and publications](#)

[Work in countries](#)

[News and events](#)

Campaigns

Campaigning is one important part of reaching people, improving behaviour and achieving safer, high quality health care practices. For some aspects of infection prevention and control (IPC), campaigning can generate significant social pressure, participation and action. Campaigning can help build collective will, energy and momentum. The problem of health care-associated infection (HAI) can therefore partly be addressed through campaigning. By catalysing and driving the profile of key global campaigns, WHO's IPC Global Unit aims to raise awareness and encourage policy change around priority IPC areas.

SAVE LIVES: Clean Your Hands



WHO's global annual call to action for health workers
SAVE LIVES: Clean Your Hands

[Arabic](#) | [Chinese](#) | [French](#) | [Russian](#) | [Spanish](#)

Injection Safety



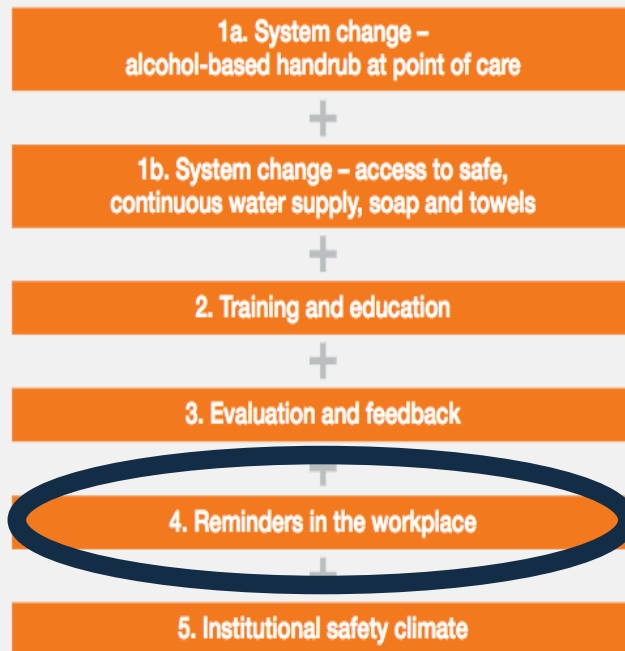
WHO strategy for the safe and appropriate use of injection worldwide
Injection safety

Why is campaigning important?

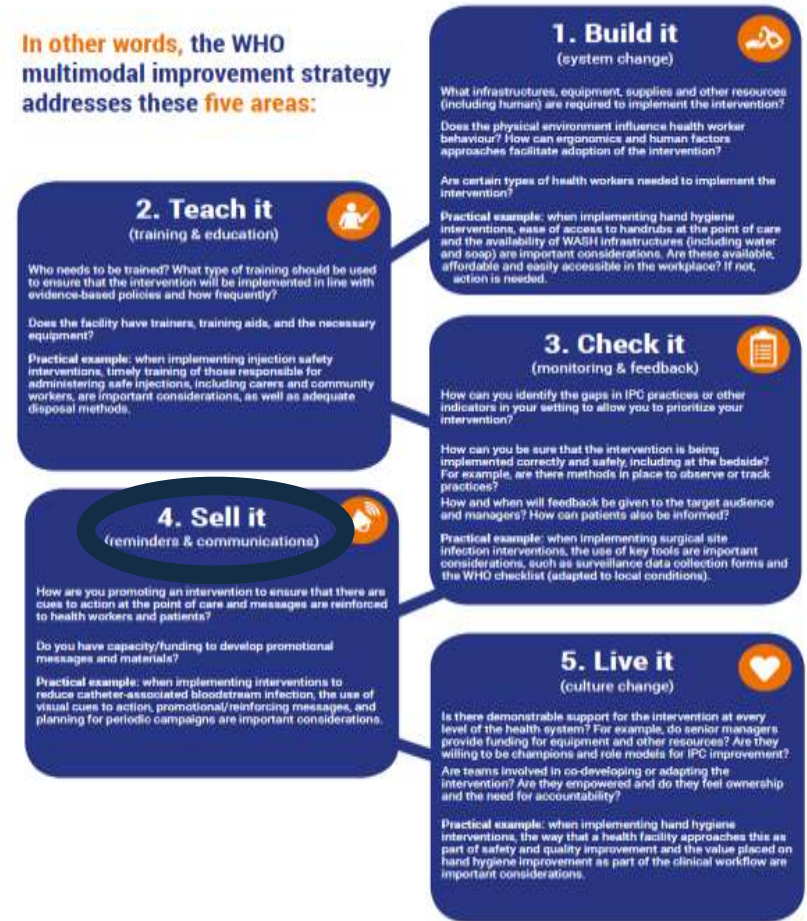


It has been shown to be critical to achieve improvement in health care

The Five Components of the WHO multimodal hand hygiene improvement strategy



In other words, the WHO multimodal improvement strategy addresses these **five areas**:



WHO has already linked the campaign to broader IPC and global health issues



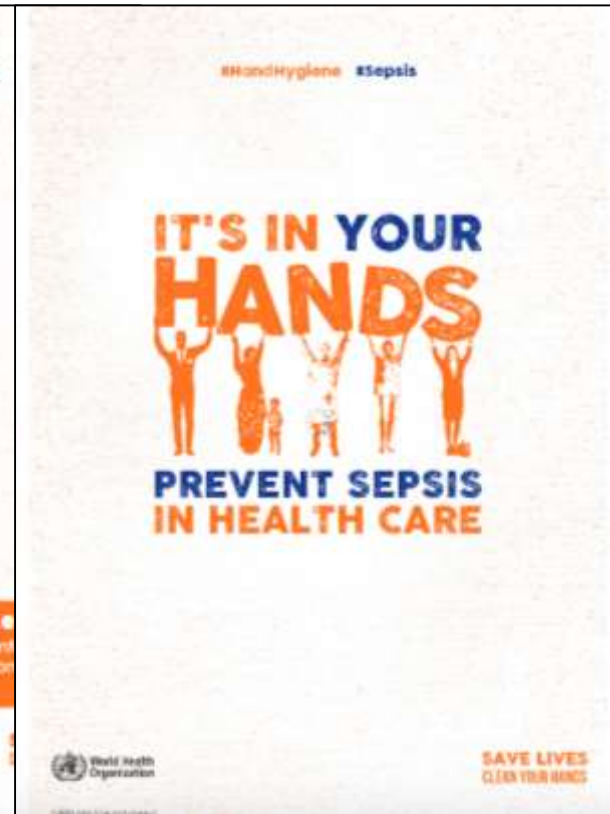
5 May 2014
AMR



5 May 2016
Surgery



5 May 2017
AMR



5 May 2018
Sepsis

Linkages to other priorities are important to raise the profile of hand hygiene!

5 May 2019 theme – why infection prevention and hand hygiene are important for quality care



- WHO calls on everyone to be inspired by the global movement to achieve universal health coverage (UHC), i.e. achieving better health and well-being for all people at all ages, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
- IPC, including hand hygiene, is critical to achieve UHC as it is a practical and evidence-based approach with demonstrated impact on quality of care and patient safety across all levels of the health system.
- Assessing the global status of IPC and hand hygiene to support this is important - Join the Global Survey 2019 using two tools.

<https://www.who.int/infection-prevention/campaigns/ipc-global-survey-2019/en/>

Hand hygiene and IPC at the core of quality universal health coverage

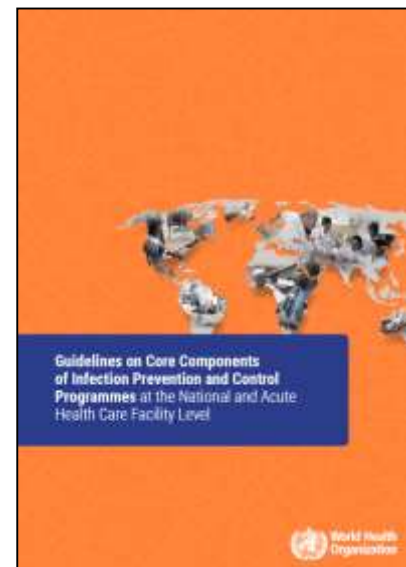


WHO Guidelines on hand hygiene in health care and a proven improvement approach and implementation toolkit

WHO Guidelines on core components of IPC programmes and associated implementation manuals

https://www.who.int/infection-prevention/publications/hh_evidence/en/

<https://www.who.int/infection-prevention/publications/core-components/en/>



5 May 2019 - Slogan



***“Clean care for all
- it's in your
hands”***

5 May 2019 - Calls to action



Health workers

- “Champion clean care – it’s in your hands”

IPC leaders

- “Monitor infection prevention and control standards – take action and improve practices”

Health facility leaders

- “Is your facility up to WHO infection control and hand hygiene standards?”
“Take part in the WHO survey 2019 and take action!”

Ministry of Health (MoH)

- “Does your country meet infection prevention and control standards?
Monitor and act to achieve quality universal health coverage”

Patient advocacy groups

- “Ask for clean care – it’s your right”

5 May 2019 – Hashtags #



#HandHygiene
#InfectionPrevention
#HealthForAll

Key campaign {technical} outputs for 5 May 2019



In addition to promotional materials that aim to keep the profile of hand hygiene and IPC high in health care, two new products will be created to enhance hand hygiene (HH) in health care standards:

- A review of the evidence for the HH technique
 - Revised WHO poster (and any other necessary materials) on the hand hygiene technique
- A review of the evidence on the WHO formulation for surgical scrubbing
 - Revision of the WHO Guide to local production (and any other necessary materials)
 - Links with other updated WHO SSI prevention materials

The importance of promoting all existing WHO improvement {technical} tools as part of 5 May 2019 activities



5 Moments for HH - all posters!

https://www.who.int/infection-prevention/tools/hand-hygiene/workplace_reminders/en/

All improvement tools that link with the two assessment tools:

- WHO hand hygiene self-assessment framework (HHSAF) includes links to improvement tools
- WHO IPC assessment at facility level (IPCAF) and implementation manual

Brochures and existing infographics containing key facts

WHO training slides and videos which embed HH in health care activities (which need to be managed to prevent HAI)

<https://www.who.int/infection-prevention/en/>

A campaign toolkit – for reference all year round



SAVE LIVES: Clean Your Hands **WHO's Global Annual Campaign** **Advocacy Toolkit**

“Health care-associated infection is such a big problem, we need to focus the world on something that is truly actionable and can save many, many lives. This action is hand hygiene, a flagship element of WHO's patient safety work.”

Dr Edward Kelley, Director, Service Delivery and Safety, WHO

WHY THE 'SAVE LIVES: CLEAN YOUR HANDS' CAMPAIGN IS IMPORTANT

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



Approximately 70% of health care workers and 50% of surgical teams do not routinely practice hand hygiene.

Studies have shown that practising routine hand hygiene achieves a reduction in health care-associated infections (HAIs).

WHO is committed to improving hand hygiene in health care, and working with others to raise awareness to achieve action.



Hand hygiene saves millions of lives every year when performed at the right times in health care.

However, sub-optimal infection prevention precipitates the spread of germs, including those resistant to antibiotics.

To support health care workers, WHO leads a global annual campaign on 5 May, working closely with key stakeholders to support improvements in IPC around the world.



'SAVE LIVES: Clean Your Hands' is marked on 5 May every year.

The campaign aims to highlight the importance of hand hygiene in health care, by **'bringing people together'** in support of hand hygiene improvement globally.

WHO marks this day each year by issuing tools and materials, focused on a different theme, to support local activities.



Almost 20 000 health facilities across nearly 180 countries worldwide (as of May 2016) have joined the campaign.

Health care facilities across the world have run activities to support hand hygiene improvement to ensure patient and health worker safety.

WHO aims to support all countries to build on this success and expand the reach further into the future.



You are invited to join the campaign every year, to help improve hand hygiene practices and raise awareness of HAIs.

Changes are needed at every health care encounter, to ensure hand hygiene is practised at the right times.

Your commitment and energy are vital and key to keeping this campaign successful for many years to come.

HOW AND WHEN TO GET INVOLVED

HOW?

Sign up to the 'SAVE LIVES: Clean Your Hands' campaign if you have not already done so, and ask others to join the campaign as well. More information here:

<http://www.who.int/gpsc/5may/register/en/>.

Plan your activities early (including necessary budget), and confirm commitment from target audiences.

Commit to WHO's campaign theme, look out for regular updates and issue your own information in the months leading up to the campaign.

Use WHO technical/educational materials, including posters that explain the critical times for hand hygiene ("My 5 Moments").

- Use these in training sessions, focus group discussions, morning ward or grand rounds, or as hand-outs to highlight the risks and actions required to ensure patient safety.

Use WHO campaign materials (posters, infographics), and new supporting data as it is issued, to help you engage health workers or key target audiences.

Post campaign information in your own newsletters, intranet and websites, using text from the 'SAVE LIVES: Clean Your Hands' newsletter or WHO campaign slide set, to raise awareness.

Feature the following link – <http://www.who.int/gpsc/5may/en/> – on your web pages, and WHO will acknowledge your participation by linking to your web pages.

WHEN?

➤ **Any time.** Health facilities can sign up to the WHO campaign any day of the year.

➤ **At the start of each year.** Keep target audiences informed of your activities and key date(s).

➤ **At the start of each year.** Make sure you announce your day (or week) of action, which should be on or around 5 May.

➤ **Routinely.** Use within your routine IPC activities throughout the year.

➤ **Regularly.** Once campaign information is available, it is important to provide updates to engage others.

➤ **April onwards.** Together we can achieve global reach of 5 May messages.

HOW AND WHEN TO GET INVOLVED (CONT.)

HOW?

Poster placement is critical in getting people's attention in your health facility. Rotating these regularly is key to achieving impact and influence behaviour change.

Show WHO hand hygiene and IPC promotional videos at your events.

Be active on social media with your own strategy to help raise awareness using the official WHO campaign hashtag **[changes annually]**.

Follow the World Health Organization on Twitter (@WHO), Facebook, Instagram, and share social media posts relating to 5 May activities with your followers and friends.

Take part in the annual WHO online/virtual education classes and encourage others to attend.

At times, WHO will announce global surveys to understand the burden of HAI and/or hand hygiene improvement progress. Take part in these surveys as another way of getting involved and maintaining the global profile of this important life-saving action.

WHEN?

➤ **Regularly.** Use WHO posters alongside your own. Rotating every 2-4 weeks is recommended.

➤ **Anytime.** Videos are available on the WHO web pages to provide additional support to your local activities, and can be shown at 5th May events.

➤ **5th May.** Don't miss out, help create a buzz and ensure a global impact. Make sure you are part of this amazing global social movement, which helps keep patients and health workers safer every day.

Outputs - WHO resources for action all year round



Implementation tools and resources

[Evidence, guidelines and publications](#)

[Work in countries](#)

[News and events](#)

Starter Kit

Safety Starts Here.

↓ HH Self-Assessment Framework
pdf, 469kb

↓ Guide to HH Improvement
pdf, 476kb

↓ Guide to local ABHR production
pdf, 312kb

↓ HH – why, how and when brochure
pdf, 476kb

↓ HH – Observation Tool
doc, 737kb

↓ Your 5 Moments for Hand Hygiene
pdf, 407kb

↓ Sustaining improvement
doc, 274kb

A range of tools exist for you to adopt and adapt to support local improvement. They are proven to achieve change if used as part of a multi-modal strategy as represented in the 5 components listed here. Patient safety and health system strengthening starts here.

System change

Training and education

Evaluation and feedback

Reminders in the workplace

Institutional safety climate

<http://www.who.int/infection-prevention/campaigns/clean-hands/en/>

In summary, we ask you to act now



Sign up your facility to the campaign, if not already

Encourage other health facilities to sign up to the campaign

Be a 5 May campaign advocate - post information in your newsletters, etc, feature a link to the WHO campaign on your web pages

Actively use WHO campaign wording and resources - check the WHO web pages often to find new information

Take part in the global survey!

<http://www.who.int/infection-prevention/campaigns/clean-hands/en/>

<https://www.who.int/infection-prevention/campaigns/ipc-global-survey-2019/en/>

WHO 2019 Global Survey on Infection Prevention and Control and Hand Hygiene

**Infection prevention and control
facility-level assessments in a
spirit of improvement**

**Infection Prevention and Control Global Unit,
WHO HQ**

WHO Global Survey 2019

Use the two tools*, calculate your score, show your progress!

16 Jan – 16 May 2019!

<https://www.who.int/infection-prevention/campaigns/ipc-global-survey-2019/en/>

Prepare: read the tools and documents ¹⁻⁴	Take part in WHO webinars, hear more about using the tools and how to take part in the global survey ⁵	Jan-Feb - complete IPCAF ³ , act on your results and submit your results to WHO online	Mar-Apr – complete HHSAF ⁴ , act on your results and submit your results to WHO online
---	--	---	--

Part of *SAVE LIVES: Clean Your Hands*
5 May 2019

*Facility level tools to be used: **IPC Assessment Framework (IPCAF)**, **Hand Hygiene Self Assessment Framework (HHSAF)**

1. <http://www.who.int/infection-prevention/tools/core-components/en/>
2. <http://www.who.int/infection-prevention/tools/hand-hygiene/en/>
3. <http://www.who.int/infection-prevention/tools/core-components/IPCAF-facility.PDF?ua=1>
4. http://www.who.int/gpsc/country_work/hhsa_framework_October_2010.pdf?ua=1
5. Find more here soon <http://www.who.int/infection-prevention/news-events/current-news/en/>

WHO Global Survey 2019

Objectives



- 1) To encourage and support ***local assessments of IPC and hand hygiene activities*** using standardized and validated tools, in the context of the regular work of the IPC teams/committees and the development of local improvement plans
- 2) To gather a ***situational analysis*** on the level of progress of *current IPC and hand hygiene activities around the world* and inform future efforts and resource use

for supporting patient safety, health care quality improvement, outbreak preparedness and response, and antimicrobial resistance prevention and control

SAVE LIVES: Clean Your Hands - 5 May 2019

Monitoring IPC & Hand Hygiene – WHO Global Survey 2019 (1)



- **Tools:** IPC Assessment Framework (IPCAF)* & Hand Hygiene Self-assessment Framework (HHSAF)**
- **Timeline:**
 - Survey conduct: 16 January - 16 May 2019
 - Survey analysis: May-August 2019
- **Sample:**
 - Open voluntary participation by health care facilities around the world + countries
 - Stratified sub-sample
- **Data submission:** online protected system

*<http://www.who.int/infection-prevention/tools/core-components/IPCAF-facility.PDF?ua=1>

**http://www.who.int/gpsc/country_work/hhsa_framework_October_2010.pdf?ua=1

SAVE LIVES: Clean Your Hands - 5 May 2019

Monitoring IPC & Hand Hygiene – WHO Global Survey 2019 (2)



- **Data confidentiality and property:** WHO's and MS (upon specific agreement) – data completely anonymized
- **Planning:**
 - Month 1: preparations for IPCAF
 - Month 2: IPCAF completion
 - Month 3: preparations for HHSFAF
 - Month 4: HHSFAF completion
- I. Tools completion on paper at HCF level ➡ II. Submission online or by email
- **Report:** to be issued by WHO by 2019

WHO Guidelines on Core Components of IPC Programmes at the National and Acute Health Care Facility Level



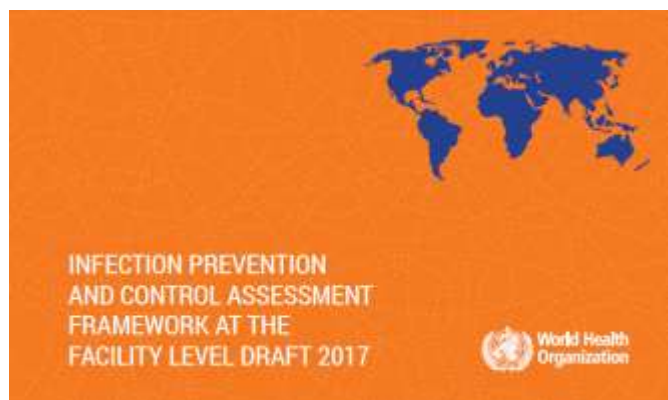
Focus on
preventing
HAIs and
combating
AMR



Sources:

- <http://www.who.int/infection-prevention/publications/ipc-components-guidelines/en/>
- Zingg W et al. TLID 2015
- Storr J et al. ARIC 2017
- Presley L et al. TLID 2017

New IPC facility-level assessment tool



Core component 8: Built environment, materials and equipment for IPC at the facility level ¹⁷		
Question	Answer	Score
1. Are water services available at all times and of sufficient quantity for all uses (for example, hand washing, drinking, personal hygiene, medical activities, sterilisation, disinfection, cleaning and laundry)? <i>Choose one answer</i>	<input type="checkbox"/> No, available on average < 5 days per week <input type="checkbox"/> Yes, available on average 6-7 days per week or every day but not of sufficient quantity <input type="checkbox"/> Yes, every day and of sufficient quantity	0 2.5 7.5
2. Is a reliable safe drinking water station present and accessible for staff, patients and families at all times and in all locations/wards? <i>Choose one answer</i>	<input type="checkbox"/> No, not available <input type="checkbox"/> Sometimes, or only in some places or not available for all users <input type="checkbox"/> Yes, accessible at all times and for all users/groups	0 2.5 7.5
Hand hygiene and sanitation facilities		
3. Are functioning hand hygiene stations (that is, alcohol-based handrub stations or soap and water and clean single-use towels) available at all points of care? <i>Choose one answer</i>	<input type="checkbox"/> No, not present <input type="checkbox"/> Yes, stations present, but supplies are not reliably available <input type="checkbox"/> Yes, with reliably available supplies	0 2.5 7.5
4. In your facility, are 6 toilets (or improved latrines) ¹⁸ available for outpatients settings or a 1 per 20 rooms for inpatient settings? <i>Choose one answer</i>	<input type="checkbox"/> Less than required number of toilets or latrines available and functioning <input type="checkbox"/> Sufficient number present but not all functioning <input type="checkbox"/> Sufficient number present and functioning	0 2.5 7.5

Box 8. IPCAF scoring interpretation

Score	Interpretation
0-200	Inadequate IPC core components' implementation is deficient. Significant improvement is required.
201-400	Basic Some aspects of the IPC core components are in place, but not sufficiently implemented. Further improvement is required.
401-600	Intermediate Most aspects of IPC core components are appropriately implemented. Continue to improve the scope and quality of implementation and focus on the development of long-term plans to sustain and further promote the existing IPC programme.
601-800	Advanced The IPC core components are fully implemented according to the WHO recommendations and appropriate to the needs of your facility.

- **Structured, closed-formatted questionnaire** with an associated scoring system based on the HHSFAF approach; **81 indicators**
- **Self- or joint-assessments**
- Tested for usability, reliability and construct validity in a sample of **181 acute health care facilities in 46 countries** across the world

<http://www.who.int/infection-prevention/tools/core-components/en/>

<https://youtu.be/yMJPVtma9l0>

Structure of the IPC Assessment Framework



8 sections:

1. IPC programme
2. IPC guidelines
3. IPC education & training
4. HAI surveillance
5. Multimodal strategies
6. IPC Monitoring/audits & feedback
7. Workload, staffing, bed occupancy
8. Built environment

IPC

Core

Components

- **Who completes it:** Health care professionals responsible for organising and implementing IPC measures and who have in-depth knowledge of IPC at the facility level

IPC assessment framework (IPCAF) – purpose of the tool



- It provides a quantitative evaluation IPC programmes in a systematic way, allowing changes to be tracked over time
- Its purpose is to help assess, plan, organize and implement a facility IPC programme
- To determine the *core components already in place* and identify *gaps or weaknesses* to guide action planning
- The resulting scores can be used to *measure and monitor progress* in implementing IPC programmes at the facility level
- Its usefulness depends on being completed as objectively and accurately as possible

See explanatory video at: <https://youtu.be/yMJPVtma9l0>

IPCAF – how to complete the tool



- In general, you should choose only one answer per question (questions marked either “yes/no” or “choose one answer”)
- Some questions are designed to allow multiple answers. These questions are marked with the note “please tick all that apply”, which enables you to choose all answers that are appropriate to your facility (choose at least one)
- Any partially implemented or intermediate progress in achievement can be recorded in the comments’ fields, as well as any additional information/clarification
- When you are unfamiliar with terminology in the stated questions, it is strongly recommended to consult the *WHO Guidelines on core components of IPC programmes*¹ or other resources provided in the footnotes

¹ <https://www.who.int/infection-prevention/publications/ipc-components-guidelines/en/>

See explanatory video at: <https://youtu.be/yMJPVtma9l0>

Section 1: IPC programme

Core component 1: Infection Prevention and Control (IPC) programme

Question	Answer	Score
1. Do you have an IPC programme? ³ Choose one answer	<input type="checkbox"/> No	0
	<input type="checkbox"/> Yes, without clearly defined objectives	5
	<input type="checkbox"/> Yes, with clearly defined objectives	10
2. Is the IPC programme supported by an IPC team of IPC professionals? ⁴ Choose one answer	<input type="checkbox"/> No	0
	<input type="checkbox"/> Yes	5
3. Does the IPC team have at least one full-time IPC or equivalent (nurse or doctor working 100% in IPC)? Choose one answer	<input type="checkbox"/> No	0
	<input type="checkbox"/> Yes	2.5
	<input type="checkbox"/> Yes, with at least one full-time IPC or equivalent	5
4. Does the IPC team or focal person have dedicated activities?	<input type="checkbox"/> No	0
	<input type="checkbox"/> Yes	5
5. Does the IPC team include both doctors and nurses?	<input type="checkbox"/> No	0
	<input type="checkbox"/> Yes	5
6. Do you have an IPC committee? ⁵ actively supporting the IPC programme?	<input type="checkbox"/> No	0
	<input type="checkbox"/> Yes	5
7. Are any of the following professional groups represented/included in the IPC committee?	<input type="checkbox"/> No	0
Senior facility leadership (for example, administrative director, chief executive officer [CEO], medical director)	<input type="checkbox"/> Yes	5
Senior clinical staff (for example, physician, nurse)	<input type="checkbox"/> No	0
	<input type="checkbox"/> Yes	2.5
Facility management (for example, biosafety, waste, and those tasked with addressing water, sanitation, and hygiene [WASH])	<input type="checkbox"/> No	0
	<input type="checkbox"/> Yes	2.5
8. Do you have clearly defined IPC objectives (that is, in specific critical areas)? Choose one answer	<input type="checkbox"/> No	0
	<input type="checkbox"/> Yes, IPC objectives only	2.5
	<input type="checkbox"/> Yes, IPC objectives and measurable outcome indicators (that is, adequate measures for improvement)	5
	<input type="checkbox"/> Yes, IPC objectives, measurable outcome indicators and set future targets	10
9. Does the senior facility leadership show clear commitment and support for the IPC programme:	<input type="checkbox"/> No	0
By an allocated budget specifically for the IPC programme (that is, covering IPC activities, including salaries)?	<input type="checkbox"/> Yes	5
By demonstrable support for IPC objectives and indicators within the facility (for example, at executive level meetings, executive rounds, participation in morbidity and mortality meetings)?	<input type="checkbox"/> No	0
	<input type="checkbox"/> Yes	5
10. Does your facility have microbiological laboratory support (either present on or off site) for routine day-to-day use? Choose one answer	<input type="checkbox"/> No	0
	<input type="checkbox"/> Yes, but not delivering results reliably (timely and of sufficient quality)	5
	<input type="checkbox"/> Yes, and delivering results reliably (timely and of sufficient quality)	10



IPC programme subtotal score

/100

IPCAF – scoring



- Points are allocated to the individual answers of each question, depending on the importance of the question/answer in the context of the respective core component
- In each section (core component), a maximum score of 100 points can be achieved
- After you have answered all questions of a component, the score can be calculated by adding the points of every chosen answer. By adding the total scores of all eight components, the overall score is calculated
- A final field presents potential verifiers to guide the user in completing the tool

See explanatory video at: <https://youtu.be/yMJPVtma9l0>

IPCAF – interpretation of the results: a 3-step process



1. Add up your points

	Score
Section (Core component)	Subtotals
1. IPC programme	45
2. IPC guidelines	60
3. IPC education and training	75
4. HAI surveillance	20
5. Multimodal strategies	45
6. Monitoring/audits of IPC practices and feedback	50
7. Workload, staffing and bed occupancy	65
8. Built environment, materials and equipment for IPC at the facility level	30
Final total score	390 /800

2. Determine the assigned “IPC level” in your facility using the total score from Step 1

Total score (range)	IPC level
0–200	Inadequate
201–400	Basic
401–600	Intermediate
601–800	Advanced

Interpreting results

Box 8. IPCAF scoring interpretation

Score		Interpretation
0-200	Inadequate	IPC core components' implementation is deficient. Significant improvement is required.
201-400	Basic	Some aspects of the IPC core components are in place, but not sufficiently implemented. Further improvement is required.
401-600	Intermediate	Most aspects of IPC core components are appropriately implemented. Continue to improve the scope and quality of implementation and focus on the development of long-term plans to sustain and further promote the existing IPC programme.
601-800	Advanced	The IPC core components are fully implemented according to the WHO recommendations and appropriate to the needs of your facility.



IPCAF step 3 – Review the results and develop an action plan



Detailed facility assessment

IPCAF Section	Strengths	Gaps
1. IPC programme		
2. IPC guidelines		
3. IPC education & training		
4. HAI surveillance		
5. Multimodal strategies		
6. Monitoring/audits & feedback		
7. Workload, staffing and bed occupancy		
8. Built environment		

Detailed assessment: CC1



IPCAF Section	Strengths	Gaps
1. IPC programme	<ul style="list-style-type: none">• XX	<ul style="list-style-type: none">• YY

Repeat this table up to Core Component 8

IPCAF step 3 – Review the results and develop an action plan



- Review the areas identified by this evaluation as requiring improvement in your facility and develop an **action plan** to address them
- Keep a copy of this assessment to compare with repeated uses in the future

Key considerations	Key actions
Starting to identify core components that require improvement	<ul style="list-style-type: none">• While presenting the results, start to identify core components that appear to be defective (in discussion with the IPC committee); choose one or more components that are considered to be urgent to address in step 3.• While doing this, consider resources and expertise available, urgent problems to be faced (for example, a specific type of infection to be reduced, due to its burden locally), available opportunities (for example, partners' interest in supporting specific relevant projects).• You can also identify core components that are already partially implemented, but for which the score could be improved in specific areas.

What help you can find

PRACTICAL TIPS, KEY CONSIDERATIONS AND ACTIONS



IMPLEMENTATION BARRIERS AND SOLUTIONS



TOOLS AND RESOURCES



CASE STUDY EXAMPLES

STEP 1 CHECKLIST

At the end of step 1 you should have:



- | | | |
|-----|--|--------------------------|
| 1. | Familiarized yourself with the core component guideline recommendations | <input type="checkbox"/> |
| 2. | Prepared a 'script' or key points to guide discussions with management and leadership (using Figures 2 and 3) | <input type="checkbox"/> |
| 3. | Made a list of the exact key stakeholders that will be engaged, based on the local context | <input type="checkbox"/> |
| 4. | Collected any previous assessments/reports and data that address IPC | <input type="checkbox"/> |
| 5. | Investigated any IPC integration possibilities with current activities at the health care facility, for example, with AMP, etc. | <input type="checkbox"/> |
| 6. | Listed any patient or civil society groups that exist and could support IPC advocacy | <input type="checkbox"/> |
| 7. | Held a series of advocacy meetings with leaders, key stakeholders and champions/opinion leaders using the sample script (Figure 3) | <input type="checkbox"/> |
| 8. | Secured verbal and written management and leadership support for IPC | <input type="checkbox"/> |
| 9. | Identified an IPC lead/focal person and team, supported by health care facility managers | <input type="checkbox"/> |
| 10. | Identified possible human and financial resources to support and sustain the work (where necessary) | <input type="checkbox"/> |

WHO Hand Hygiene improvement Multimodal Strategy





World Health
Organization

Patient Safety
A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

Hand Hygiene Self-Assessment Framework 2010

Introduction and user instructions

The *Hand Hygiene Self-Assessment Framework* is a systematic tool with which to obtain a situation analysis of hand hygiene promotion and practices within an individual health-care facility.

What is its purpose?

While providing an opportunity to reflect on existing resources and achievements, the *Hand Hygiene Self-Assessment Framework* also helps to focus on future plans and challenges. In particular, it acts as a diagnostic tool, identifying key issues requiring attention and improvement. The results can be used to facilitate development of an action plan for the facility's hand hygiene promotion programme. Repeated use of the *Hand Hygiene Self-Assessment Framework* will also allow documentation of progress with time.

Overall, this tool should be a catalyst for implementing and sustaining a comprehensive hand hygiene programme within a health-care facility.

Who should use the Hand Hygiene Self-Assessment Framework?

This tool should be used by professionals in charge of implementing a strategy to improve hand hygiene within a health-care facility. If no strategy is being implemented yet, then it can also be used by professionals in charge of infection control or senior managers at the facility directorate. The framework can be used globally, by health-care facilities at any level of progress as far as hand hygiene promotion is concerned.

How is it structured?

The *Hand Hygiene Self-Assessment Framework* is divided into five components and 27 indicators. The five components reflect the five elements of the *WHO Multimodal Hand Hygiene Improvement Strategy* (<http://www.who.int/gpsc/5may/tools/en/index.html>) and the indicators have been selected to represent the key elements of each component. These indicators are based on evidence and expert consensus and have been framed as questions with defined answers (either "Yes/No" or multiple options) to facilitate self-assessment. Based on the scores achieved for the five components, the facility is assigned to one of four levels of hand hygiene promotion and practice: Inadequate, Basic, Intermediate and Advanced.

Inadequate: hand hygiene practices and hand hygiene promotion are deficient. Significant improvement is required.

Basic: some measures are in place, but not to a satisfactory standard. Further improvement is required.

Intermediate: an appropriate hand hygiene promotion strategy is in place and hand hygiene practices have improved. It is now crucial to develop long-term plans to ensure that improvement is sustained and progresses.

Advanced: hand hygiene promotion and optimal hand hygiene practices have been sustained and/or improved, helping to embed a culture of safety in the health-care setting.

Leadership criteria have also been identified to recognise facilities that are considered a reference centre and contribute to the promotion of hand hygiene through research, innovation and information sharing. The assessment according to leadership criteria should only be undertaken by facilities having reached the Advanced level.

How does it work?

While completing each component of the *Hand Hygiene Self-Assessment Framework*, you should circle or highlight the answer appropriate to your facility for each question. Each answer is associated with a score. After completing a component, add up the scores for the answers you have selected to give a subtotal for that component. During the interpretation process these subtotals are then added up to calculate the overall score to identify the hand hygiene level to which your health-care facility is assigned.

The assessment should not take more than 30 minutes, provided that the information is easily available.

Within the *Framework* you will find a column called "WHO implementation tool" listing the tools made available from the WHO First Global Patient Safety Challenge to facilitate the implementation of the *WHO Multimodal Hand Hygiene Improvement Strategy* (<http://www.who.int/gpsc/5may/tools/en/index.html>). These tools are listed in relation to the relevant indicators included in the *Framework* and may be useful when developing an action plan to address areas identified as needing improvement.

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

Health-care facilities or national bodies may consider adopting this tool for external comparison or benchmarking. However, this was not a primary aim during the development of this tool. In particular, we would draw attention to the risks inherent in using a self-reported evaluation tool for external benchmarking and also advise the use of caution if comparing facilities of different sizes and complexity, in different socioeconomic settings. It would be essential to consider these limitations if inter-facility comparison is to be undertaken.



World Health
Organization

Score	Hand Hygiene Level	Interpretation
0-125	Inadequate	HH practices and promotion are deficient. Significant improvement is required.
126-250	Basic	Some HH measures are in place, but not to a satisfactory standard. Further improvement is required.
251-375	Intermediate	An appropriate HH promotion strategy is in place and HH practices have improved. It is now crucial to develop long-term plans to ensure that improvement is sustained and progresses.
376-500	Advanced	HH promotion and optimal HH practices have been sustained and/or improved, helping to embed a culture of safety in the health-care setting.

<https://www.who.int/infection-prevention/tools/hand-hygiene/en/>

<https://youtu.be/PDz8kxrPaMk>

Introduction to the Hand Hygiene Self-Assessment Framework (HHSAF)

Purpose and background

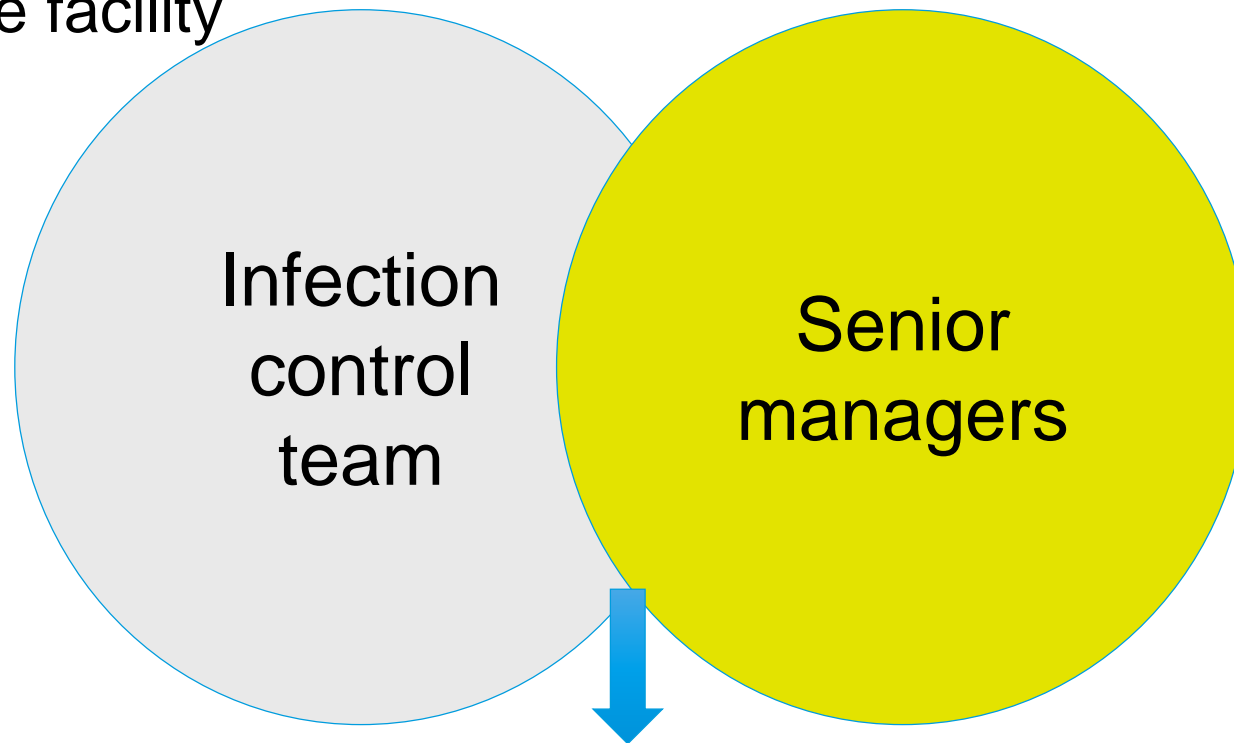
- The HHSAF assigns hospitals a score and position on a continuum of improvement from “inadequate” to “advanced”
- It is a diagnostic tool to assess existing hand hygiene activities and identify strengths and gaps
- It comprises the 5 components of the WHO Multimodal Hand Hygiene improvement strategy and addresses a total of 27 indicators framed as questions

Introduction to the Hand Hygiene Self-Assessment Framework (HHSAF)

- Hand hygiene is a key healthcare quality indicator
- The HHSAF facilitates regular monitoring and reporting of the WHO multimodal improvement strategy at local and national level
- WHO recommends to use the HHSAF on an annual basis
- HHSAF survey may act as a proxy indicator of the global quality of healthcare delivery

Who should complete and use the HHSAF?

This tool should be used by professionals in charge of implementing a strategy to improve hand hygiene within a healthcare facility



The HHSAF can be used globally at any level of hand hygiene progress

How to complete the survey?

1. Complete each of the 5 components of the HHSAF
2. Circle or highlight the answer appropriate to your facility for each question
3. Each answer is associated with a score
4. Each component has a maximum score of 100
5. After completing a component, add up the scores for the answers you have selected to give a subtotal for that component
6. Add the subtotals for each component to calculate the overall score
7. Identify the hand hygiene level to which your health-care facility is assigned

1. System Change

1.1 How easily available is alcohol-based handrub in your health-care facility? Choose one answer	Not available	0	→ Ward Infrastructure Survey → Protocol for Evaluation of Tolerability and Acceptability of Alcohol-based Handrub in Use or Planned to be Introduced: Method 1 → Guide to Implementation II.1
	Available, but efficacy ¹ and tolerability ² have not been proven	0	
	Available only in some wards or in discontinuous supply (with efficacy ¹ and tolerability ² proven)	5	
	Available facility-wide with continuous supply (with efficacy ¹ and tolerability ² proven)	10	
	Available facility-wide with continuous supply, and at the point of care ³ in the majority of wards (with efficacy ¹ and tolerability ² proven)	30	
	Available facility-wide with continuous supply at each point of care ³ (with efficacy ¹ and tolerability ² proven)	50	
1.2 What is the sink:bed ratio? Choose one answer	Less than 1:10	0	→ Ward Infrastructure Survey → Guide to Implementation II.1
	At least 1:10 in most wards	5	
	At least 1:10 facility-wide and 1:1 in isolation rooms and in intensive care units	10	
1.3 Is there a continuous supply of clean, running water ⁴ ?	No	0	→ Ward Infrastructure Survey → Guide to Implementation II.1
	Yes	10	
1.4 Is soap ⁵ available at each sink?	No	0	→ Ward Infrastructure Survey → Guide to Implementation II.1
	Yes	10	
1.5 Are single-use towels available at each sink?	No	0	→ Ward Infrastructure Survey → Guide to Implementation II.1
	Yes	10	
1.6 Is there dedicated/available budget for the continuous procurement of hand hygiene products (e.g. alcohol-based handrubs)?	No	0	→ Guide to Implementation II.1
	Yes	10	

Extra Question: Action plan

Answer this question ONLY if you scored less than 100 for questions 1.1 to 1.6:	No	0	→ Alcohol-based Handrub Planning and Costing Tool → Guide to Local Production:
--	----	---	---

System Change subtotal 100/100

System Change subtotal	0 /100
------------------------	--------

1. Add up your points



Score

1. System change	100/100
2. Education and Training	60/100
3. Evaluation and Feedback	75/100
4. Reminders in the Workplace	90/100
5. Institutional Safety Climate	60/100

Total Score 385

2. Determine the assigned Hand Hygiene Level

Total Score	Hand Hygiene Level
0-125	Inadequate
126-250	Basic
251-375	Intermediate or (consolidation)
376-500	Advanced or (embedding)

HHSAF scoring and interpretation

Score	Hand Hygiene Level	Interpretation
0-125	Inadequate	HH practices and promotion are deficient. Significant improvement is required.
126-250	Basic	Some HH measures are in place, but not to a satisfactory standard. Further improvement is required.
251-375	Intermediate	An appropriate HH promotion strategy is in place and HH practices have improved. It is now crucial to develop long-term plans to ensure that improvement is sustained and progresses.
376-500	Advanced	HH promotion and optimal HH practices have been sustained and/or improved, helping to embed a culture of safety in the health-care setting.

3. If your facility has reached the ADVANCED Level complete the Leadership section

Leadership Criteria

Reminders in the Workplace		
Is a system in place for creation of new posters designed by local health-care workers?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Are posters created in your facility used in other facilities?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Have innovative types of hand hygiene reminders been developed and tested at the facility?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Institutional Safety Climate		
Has a local hand hygiene research agenda addressing issues identified by the WHO Guidelines as requiring further investigation been developed?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Has your facility participated actively in publications or conference presentations (oral or poster) in the area of hand hygiene?	Yes <input checked="" type="radio"/>	No <input type="radio"/>
Are patients invited to remind health-care workers to perform hand hygiene?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Are patients and visitors educated to correctly perform hand hygiene?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Does your facility contribute to and support the national hand hygiene campaign (if existing)?	Yes <input checked="" type="radio"/>	No <input type="radio"/>
Is impact evaluation of the hand hygiene campaign incorporated into forward planning of the infection control programme?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Does your facility set an annual target for improvement of hand hygiene compliance facility-wide?	Yes <input checked="" type="radio"/>	No <input type="radio"/>
If the facility has such a target, was it achieved last year?	Yes <input type="radio"/>	No <input checked="" type="radio"/>

Your facility has reached the **Hand Hygiene Leadership level** if you answered “yes” to at least one leadership criteria per category and its total leadership score is 12 or more. Congratulations and thank you!

Total **6/20**

Your facility has not reached Hand Hygiene Leadership level, yet.

Safety
Starts Here.



Interpretation: A four step process



1. Add up your points

- System change
- Education and Training
- Evaluation and Feedback
- Reminders in the Workplace
- Institutional Safety Climate



2. Determine your Hand Hygiene Level

Total Score (range)	Hand Hygiene Level
0 - 125	Inadequate
126 - 250	Basic
251 - 375	Intermediate (or Consolidation)
376 - 500	Advanced (or Embedding)

3. Complete the Leadership Section

- For Advanced Hand Hygiene Level
- If not go to Step 4
- Answer “yes” to at least one leadership criteria per category
- For HH Leadership level score should be 12 or more



4. Develop and execute an action plan

- Analysis of results
- Identify strengths and gaps
- Next steps for improvement
- Sustain the HH programme over the long term

HAND HYGIENE SELF-ASSESSMENT FRAMEWORK 2019

4. Develop an ACTION PLAN...

- **Identify strengths and gaps from the HHSAF results for your facility**

Component	Strengths	Gaps
1. System change		
2. Education and Training		
3. Evaluation and Feedback		
4. Reminders in the workplace		
5. Institutional Safety Climate		

Find template action plans here:

https://www.who.int/infection-prevention/campaigns/clean-hands/EN_PSP_GPSC1_5May_2015/en/

Continue to use the WHO Hand Hygiene Self-assessment Framework

Assessment



Action



Find template action plans here:

https://www.who.int/infection-prevention/campaigns/clean-hands/EN_PSP_GPSC1_5May_2015/en/

Tracking progress over time

Score	Hand hygiene level	Month/Year	Month/Year	Month/Year
0-125	Inadequate	X		
126-250	Basic		X	
251-375	Intermediate			X
376-500	Advanced			

Training videos on the use of the tools



Infection prevention and control facility-level assessments using WHO standardized tools in a spirit of improvement – Training video

Infection Prevention and Control Global Unit
WHO HQ

WHO IPC Global Unit 2018



Hand Hygiene Self-assessment Framework – training video

WHO 2019 Global Survey on Infection Prevention and Control and Hand Hygiene

Professor Didier Pittet, MD, MS, CBE

<https://youtu.be/yMJPVtma9l0>

<https://youtu.be/PDz8kxrPaMk>

Timeline: WHO IPC Global Survey 2019

Year 2019				
Jan	Feb	March	April	May
<i>Launch of the Survey</i> Learn how to complete IPCAF	Complete IPCAF Act on your results Submit results to WHO online	Learn how to complete HHSAF	Complete HHSAF Act on your results Submit results to WHO online	5 May Hand Hygiene Day

<https://www.who.int/infection-prevention/campaigns/ipc-global-survey-2019/en/>



2019 WHO Global Survey on Infection Prevention and Control and Hand Hygiene

Instructions

What is this survey: a WHO global survey on the current level of progress of infection prevention and control (IPC) programmes and hand hygiene activities in health care facilities which has been launched in the context of the [WHO annual hand hygiene global campaign \(5 May 2019\)](#).

What are the objectives of this survey:

- 1) To encourage and support local assessments of IPC and hand hygiene activities using standardized and validated tools, in the context of the regular work of the IPC teams/committees and the development of local improvement plans.
- 2) To gather a situational analysis on the level of progress of current IPC and hand hygiene activities around the world and inform future efforts and resource use for supporting patient safety, health care quality improvement, outbreak preparedness and response, and antimicrobial resistance prevention and control.

Timeline: this survey will be open for four months from 16 January to 16 May 2019

How the survey works: the survey has two targets, involving the completion of two tools at the facility:

- 1) the [WHO Infection Prevention and Control Assessment Framework \(IPCAF\)](#) and
- 2) the [WHO Hand Hygiene Self-Assessment Framework \(HHSAF\)](#).

Both tools are structured, closed-formatted, validated questionnaires with associated scoring systems. The indicators used refer to the recommendations of the [WHO Guidelines on hand hygiene in health care](#) and on [the core components of IPC programmes at the national and acute health care facility level](#); thus, users should get familiar with these guidelines before completing the tools.

A WHO online system is available for data submission with each tool. English, French, and Spanish versions will be available as well as some other languages.

Survey enrollment: This survey is open to any acute health care facility globally and participation is voluntary. The WHO IPCAF and HHSAF are facility level tools; thus, each facility is meant to complete and submit each tool once in the context of this survey. Alternatively, WHO encourages Ministries of Health (ideally through their national IPC focal point/team) to take the lead in promoting and coordinating the survey process and data collection among health facilities in their country. If any country expresses such an interest, WHO staff can provide additional guidance and establish an agreement, ensuring data confidentiality and sharing with national authorities.

Health-care facilities registered for [SAVE LIVES: Clean Your Hands](#) and participating in other WHO networks will receive a personal email invitation to participate, including specific link to the WHO IPC Global Survey online system allowing individual protected access to the survey.



- Health-care facilities registered for SAVE LIVES: Clean Your Hands and participating in other WHO networks will receive a personal email invitation to participate, including specific link to the WHO IPC Global Survey online system
- Other health-care facilities wishing to participate can:
 - Register for SAVE LIVES: Clean Your Hands
 - send a request to participate to who_ipc_globalsurvey@who.int



SUGGESTED STEPS TO BE TAKEN

- 1. Register your facility in the WHO IPC Global Survey online system**
(see instructions to get an invitation if you don't have it yet)
- 2. Familiarize with the IPCAF, HHSAF and the WHO Core Components of IPC programmes and hand hygiene documents**
- 3. Watch the training and promotional videos about the use of the Frameworks and the 2019 WHO IPC Global Survey and use the available slides**
- 4. Complete the IPCAF and the HHSAF, provide feedback locally and develop your improvement action plans**
- 5. Submit your results through the WHO IPC Global Survey online system**

<https://www.who.int/infection-prevention/campaigns/ipc-global-survey-2019/en/>

Online system for data submission



Step 1: Creating an account

The screenshot shows a web browser window with the URL `who-ipc-survey.org`. The page has an orange header with the WHO logo and navigation links for "My profile" and "Surveys". The main content area is titled "What is the WHO IPC survey?" and contains a paragraph explaining the purpose of the survey. Below this, there is a section titled "Important points" with a bulleted list of key information for users. At the bottom of the page, there is another orange header with the WHO logo and navigation links for "My profile" and "Surveys".

What is the WHO IPC survey?

We need your help to complete a survey to assess the current status of IPC progress globally, including overall IPC program situational analysis will be critical to inform future efforts and making strides in health care quality improvement. This IPC tools: 1) the WHO Infection Prevention and Control Assessment Framework (ICPAF) and 2) the WHO Hand Hygiene Self

Important points

- Benefits for you: The online platform will give you automatically generated scores that indicate your facility's overall assessment can help you develop IPC action plans and track progress over time.
- There should only be **ONE response** for each questionnaire per hospital.
- On average, each tool should take one hour to complete. However, the IPC professional should first work to prepare.

Create account

Create account

IPCAF online system

Step 2: Completing the IPCAF



There are 110 questions in this survey.

1. IPC programme

Question	Answer	Score
1. Do you have an IPC programme? ³ Choose one of the following answers	<input type="checkbox"/> No <input type="checkbox"/> Yes without clearly defined objectives <input checked="" type="checkbox"/> Yes with clearly defined objectives <u>and</u> annual activity plan	0 5 10
2. Is the IPC programme supported by an IPC team comprising of IPC professionals? ⁴ Choose one of the following answers	<input checked="" type="checkbox"/> No <input type="checkbox"/> Not a team, only an IPC focal person <input type="checkbox"/> Yes	0 5 10
3. Does the IPC team have at least one full-time IPC professional or equivalent (nurse or doctor working 100% in IPC) available? Choose one of the following answers	<input checked="" type="checkbox"/> No IPC professional available <input type="checkbox"/> No, only a part-time IPC professional available <input type="checkbox"/> Yes one per > 250 beds <input type="checkbox"/> Yes one per <= 250 beds	0 2.5 5 10
4. Does the IPC team or focal person have dedicated time for IPC activities?	<input checked="" type="checkbox"/> No	0
9. Does the senior facility leadership show clear commitment and support for the IPC programme:		
By an allocated budget specifically for the IPC programme (that is, covering IPC activities, including salaries)? Choose one of the following answers	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	0 5
By demonstrable support for IPC objectives and indicators within the facility (for example, at executive level meetings, executive rounds, participation in morbidity and mortality meetings)? Choose one of the following answers	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	0 5
10. Does your facility have microbiological laboratory support (either present on or off site) for routine day-to-day use? Choose one of the following answers	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes but not delivering results reliably (timely and of sufficient quality) <input type="checkbox"/> Yes and delivering results reliably (timely and of sufficient quality)	0 5 10

Subtotal score: 37.5/100

IPCAF continued

Interpretation: A three-step process

1. Add up your points

You have missed questions. [Return to them.](#)

Section (Core component)

20 / 100

1. IPC programme	37.5 / 100
2. Infection Prevention and Control (IPC) guidelines	75 / 100
3. Infection Prevention and Control (IPC) education and training	45 / 100
4. Health care-associated infection (HAI) surveillance	30 / 100
5. Multimodal strategies ¹⁶ for implementation of infection prevention and control (IPC) interventions	25 / 100
6. Monitoring/audit of IPC practices and feedback	17.5 / 100
7. Workload, staffing and bed occupancy ²³	0 / 100
8. Built environment, materials and equipment for IPC at the facility level ²⁷	0 / 100
Final Total	230 / 800

2. Determine the assigned 'IPC level' in your facility using the total score from Step 1

Total score	IPC Level
0 - 200	Inadequate
201 - 400	Basic
401 - 600	Intermediate
601 - 800	Advanced

Submit

Download IPCAF as a PDF

HHSAF online system



Step 3: Completing the HHSAF



How does it work?

While completing each component of the **Hand Hygiene Self-Assessment Framework**, you should circle or highlight the answer appropriate to your facility for each question. Each answer is associated with a score. After completing a component, add up the scores for the answers you have selected to give a subtotal for that component. During the interpretation process these subtotals are then added up to calculate the overall score to identify the hand hygiene level to which your health-care facility is assigned.

The assessment should not take more than 30 minutes, provided that the information is easily available.

Within the **Framework** you will find a column called "WHO implementation tools" listing the tools made available from the WHO First Global Patient Safety Challenge to facilitate the implementation of the **WHO Multimodal Hand Hygiene Improvement Strategy**. These tools are listed in relation to the relevant indicators included in the **Framework** and may be useful when developing an action plan to address areas identified as needing improvement.

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

Health-care facilities or national bodies may consider adopting this tool for external comparison or benchmarking. However, this was not a primary aim during the development of this tool. In particular, we would draw attention to the risks inherent in using a self-reported evaluation tool for external benchmarking and also advise the use of caution if comparing facilities of different sizes and complexity, in different socioeconomic settings. It would be essential to consider these limitations if inter-facility comparison is to be undertaken.

[Download HHSAF as PDF](#)

[Exit and clear survey](#)

[Next >>](#)

Thank you for participating in the **WHO 2019 Global Survey on Infection** **Prevention and Control and Hand Hygiene**



“Clean care for all, it’s in your hands”

Learn more at:

<https://www.who.int/infection-prevention/campaigns/clean-hands/5may2019/en/>

<https://www.who.int/infection-prevention/campaigns/ipc-global-survey-2019/en/>

Send a request to participate and enquiries to:

who_ipc_globalsurvey@who.int