

Webinar on HAND HYGIENE (case in Bulgaria)

The aim of this presentation is to present an overview of Bulgaria:

- experience of implementing hand hygiene through core preventive interventions in healthcare facilities, including patient participation, and to highlight how this is supported by national regulations, medical staff attitudes, education programmes and campaigns;
- We would like to assure you that we are working under commonly accepted world standards in Bulgaria. These standards have become traditional practices in our country. (that the WHO rules-Hand hygiene were adapted to our medical practice)



- **In Bulgaria mandatory training in infection control** as well as Belgium, Croatia, Cyprus, Finland, Hungary; Italy, Latvia;
- Bulgaria supports the development of measures aimed at limiting the spread of HAIs and antimicrobial resistance and to improving quality and patient safety in line with the 2009 European Council recommendation on patient safety , which includes HAI prevention and control;
- Exploring patient participation in reducing health-care-related safety risks;
- Very popular it is : Bulgarian data on HAI-related morbidity and the role of hand hygiene ;
- A national point prevalence survey was conducted in 23 Bulgarian care hospitals in 2006 ;



- Prevalence of the four major nosocomial infections – SSIs, BSI, UTIs and pneumonia – and various risk factors were estimated using Hospitals in Europe Link
- For Infection Control through Surveillance (HELiCS) methodology and Centers for Disease Control and Prevention case definitions. Results are summarized in Types of HAI in Bulgarian hospitals
- Most of the 3624 patients included in the survey were hospitalized in medical (42.5%) and surgical (36%) wards, followed by obstetrics and gynaecology (10.9%), paediatric units (7%) and ICUs (3.4%) in acute care hospitals. The largest single proportion was in the 65–74 age group (20.58%) followed by 55–64 (20.25%).
- This was the first prevalence survey of nosocomial infections in Bulgaria to follow internationally accepted criteria and to be carried out by specifically trained Bulgarian teams. It underlined the need for effective measures directed towards enforcing modern surveillance (including post-discharge surveillance), raising medical staff and public staff;
- Patient participation in hand hygiene in Bulgarian health care awareness of the social burden of HAIs and implementing target-oriented infection control interventions;
- The survey also supported the decision-making process for improving infection control, optimizing hospital infrastructure and provided a valuable instrument to support ongoing surveillance and control systems



- So, many important in steps for Hand Hygiene systematic process and the program Hand hygiene applies to all departments for hospital and medical centers in Bulgaria. It is mandatory for all hospitals in Bulgaria(2010 –Ordinance 39 – national standart <http://www.mh.government.bg/>
- **CEN/EN 1500 (Case in Bulgaria)**

www.ecolab.bg –Every hospital (public or private) has its own program of Hygiene, under the standard each day in hospital hygiene expert reports results

- **In terms of patient care** management programs to reduce the risk to the patient and are not associated with higher rates of infection, length of stay of patients longer or worse health outcomes



For this purpose we use special disinfectants and many brochures and signs

CEN/EN 1500

(current method to test the efficiency of hand hygiene)

Apply **3 ml Spirigel** complete to the palm of one hand, covering all surfaces

1 step –rubbing palm in palm;

2 step –rubbing right palm over the back of left hand including the wrists with fingers interlaced and vice versa;



- **3 step** - Rub palm to palm with fingers
- **4 step** - Grip the fingers on each hand and Interlaced of opposite hand rub in a sideways back and forth movement



- **Step 5** : Clasp each thumb in the opposite hand and rotate

Step 6 : Press fingers into palm of each hand and rotate





- Once dry, your hands are safe
- The hand hygiene product is rubbed into dry hands (without ornaments) for 30 sec. up to the level of the wrist.
- **Each step is repeated five times.**
- Upon completion of the 6. step, the steps are repeated until the above exposure.
- If needed, take additional composition, but hands must remain moist all the time.
- In line with the WHO Guidelines on Hand Hygiene in Healthcare (May 2009)



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- HAND HYGIENE IN SURGERY-ordinance 39 –section 14- steps:
- 1.Hands are a major factor in the transmission of nosocomial infections. Properly conducted decontamination (washing and / or disinfection) of the hands has proven to be effective in preventing of nosocomial infections and protection of both patients and medical staff.
- 2.By washing and hygienic hand disinfection is achieved reduction of transient flora, and by the surgical disinfection is achieved reduction of transient flora and by the surgical disinfection – reduction of part of the permanent flora.
- 3.Hand hygiene is composed of four elements, which are applied separately or in combination: hand washing, hand disinfection,hand protection from contamination by gloves and skin care



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- **6.3.1. Hand washing (Section XIV)**
- 6.3.1.1. Simple daily hand washing by soap has minimal to absent antimicrobial activity. It removes dirt, sweat, skin lipids, scaly epithelial cells and surface transient flora.
- 6.3.1.2. Washing hands with an antimicrobial (antiseptic) soap provides better reduction of the flora, but cannot replace hygienic hand disinfection in health institutions.
- 6.3.2. Disinfection of hands. Disinfection of hands is hygienic or surgical depending on the purpose, the quantity of detergent and the time of impact.
- 6.3.2.1. Hygienic hand disinfection with a disinfectant is safe, cheap and fast method for reduction of transient flora. It is carried out by rubbing a composition (preferably alcohol-based) or washing with an antiseptic soap and aims to destruct / inactivate microorganisms prevent their transmission and provide personal protection (Section XV)
- 6.3.4. Hand Skincare
- 6.3.4.1. Caring for the skin of the hands (hands and forearms) is required
- because even the smallest lesions (microtraumas) are potential reservoirs of pathogens



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- **Surgical hand disinfection**

For surgical hand disinfection is recommended a two-phase approach:

1. First Phase

- Short washing with liquid soap, maximum of 1 minute, because the number of
- microorganisms increases after washing. No brushes are used in order to avoid damaging the skin. Hands are rinsed by
- running water, with the hands held above the elbow; then hands should be dried by a clean lint-free
- paper napkin which does not have to be sterile. Nails and fingertips are
- gently brushed off with a sterile brush and soap in the beginning of the working day
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- 2.Second Phase
- Disinfection of hands: take hand antiseptic in sufficient quantity - 15 to 25 ml and thoroughly rub it over for at least 1 minute on the entire surface of the base of the hands, wrists to the portion below the elbow. Make sure that the action of the disinfectant is enough, especially in the so-called “shadow zones”, which are most often thumbs and fingertips. Repeatedly take the same amount of a disinfectant and rub it over for 2 minutes on the entire surface of the base of the hands, wrists to the portion below the elbow.
- Throughout the disinfectant hand rubbing hands should be kept wet (i.e. for 3 to 5 min.) Then the arms are allowed to dry, hanging up and are not dried. Avoid all contact. With dry hands, put sterile gloves. Impact of disinfectant is 3 hours, so after that time used gloves should be removed carefully away from the patient and the table with sterile instruments. Surgical disinfection is repeated; after drying of hands put new sterile gloves. Treatment of hands only in Phase II is allowed between successive operations in one day. Performing surgical hand disinfection with antiseptic and water is not recommended as drinking water can contain microorganisms causing nosocomial infections, as P.aeruginosa, Legionella spp., atypical mycobacteria, and the like. **Recommended surgical (expampel :hand disinfection is carried out by rubbing alcohol-based compositions, which have been described in detail in the practice of Multiprofile Hospital for Active Treatment Dr. Stamen Iliev – Montana - in this practice send in the website-WP5, PaSQ)**



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Thank you for your attention!

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