

W23

Educational Workshop

## **Hand hygiene and other standard precautions**

Health care-associated infection (HAI) affects up to 1 out of 10 residents in long-term care facilities (LTCFs). On average any resident develops one to three infections per year the onset of which represents the most common cause of hospital admission and of death, mainly from pneumonia. Through epidemiological studies and several outbreak reports in LTCFs, it has been documented that these infections are frequently due to multi-drug resistant pathogens. Identified factors leading to increased risk of microbial colonization and HAI in LTCFs are: absence of infection control (IC) professionals and policies, nurse under-staffing and under-qualification, high turnover, inappropriate antibiotic therapy, infrequent physician's visit, high frequency of social contacts enhancing cross-transmission. Additional risk factors typical of the elderly are: malnutrition, immunosuppressed status, long-term urinary catheterization, feeding tubes, pressure ulcers, and chronic immobility. However, available evidence about the HAI burden in these settings is still limited and more research is urgently needed to identify the extent of the problem and its implications for patient safety. According to different studies, adherence to hand hygiene (HH) recommendations and standard precautions varies significantly. HH compliance was found to be very low in LTCFs (from 38% to 11%) and higher in residential homes (61-71%). Despite of high frequency of glove use during health care delivery in these settings, appropriate glove use (i.e. according to real indications) and changing occur very rarely. Very little efforts have been devoted yet to adapt and implement IC policies and recommendations, while taking risk factors in the elderly, infrastructure and resources available in LTCF, type of care delivered, and transmission risks due to community life and social contacts, into account. The presentation will summarize the available evidence about the HAI burden and microbial transmission, and IC practices in LTCFs; it will also refer to successful interventions to improve compliance with HH and standard precautions. Finally, the concepts proposed by WHO to adapt and apply HH improvement strategies and in particular the My Five Moments approach in LTCFs will be presented. A range of practical examples of care situations occurring in LTCFs will be explained and country examples of implementation of these concepts and their translation into practical tools and strategies will be shown.