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Training impacts adherence to hand hygiene in an intensive care unit

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Background: Hospital infections (HI) are a matter of concern when it comes to ensuring patients' safety. Nevertheless, 30% of all HI are preventable, and there is convincing evidence that hand sanitization is the most effective measure to prevent HI. Unfortunately, guaranteeing hand sanitization in the different situations of health practice has been a challenge. In this context, this study aimed to evaluate adherence to hand sanitization practices before and after simulated training in an Intensive Care Unit.

Material/methods: This is a quasi-experimental, before and after study conducted between January and July, 2016. The participants comprised health professionals working at the investigated Intensive Care Unit (ICU) (fixed team). To evaluate the adherence to hand sanitization, at least 200 opportunities were observed in each of the study phases (before and after training), which agreed with the minimum recommendation made by the World Health Organization (WHO). Each observation session lasted 20 minutes. To assess the adherence to hand sanitization, the opportunities were defined according to the five WHO moments. All the opportunities were computed, and a percent ratio of professionals' adherence was calculated before and after training. Training consisted in a lesson about the five WHO moments and in the application of a solution that was visible under fluorescent light to evaluate the hand sanitization technique.

Results: A total of 50 professionals were assessed and trained during the study. Of these 50 professionals, 37, 10, and 3 belonged to the nursing team, to the medical team, and to the

physiotherapy team, respectively. Opportunities amounted to 212 and 320 before and after training, respectively. Table 1 lists the percent adherence to hand sanitization practice before and after training.

Conclusions: In-service training is a relevant strategy to improve hand sanitization practice among health professionals. This practice should be stimulated in order to reduce hospital infections, which are a major public health issue.

Table 1. Adherence to hand sanitization by professionals working at an Intensive Care Unit, before and after training. Ribeirão Preto, São Paulo, Brasil, 2016.

	BEFORE TRAINING		AFTER TRAINING	
	OPPORTUNITIES	PERCENT OF ADHERENCE	OPPORTUNITIES	PERCENT OF ADHERENCE
BEFORE CONTACT WITH THE PATIENT	70	6%	66	61%
BEFORE ASEPTIC PROCEDURE	18	89%	50	96%
AFTER CONTACT WITH FLUIDS	20	100%	48	100%
AFTER CONTACT WITH THE PATIENT	64	88%	94	100%
AFTER CONTACT WITH SURFACES	40	75%	62	85%
OVERALL ADHERENCE	212	72%	320	88%