

WHO SAVE LIVES: CLEAN YOUR HANDS IN THE CONTEXT OF COVID-19

Hand Hygiene in the Community

You can play a critical part in fighting COVID-19

- **Hands** have a crucial role in the transmission of COVID-19.
- COVID-19 virus primarily spreads through droplet and contact transmission. Contact transmission means by touching infected people and/or contaminated objects or surfaces. Thus, your hands can spread virus to other surfaces and/or to your mouth, nose or eyes if you touch them.



Why is Hand Hygiene so important in preventing infections, including COVID-19?

- **Hand Hygiene** is the single most effective action you can take to reduce the spread of pathogens and prevent infections, including the COVID-19 virus.
- Community members can play a critical role in fighting COVID-19 by adopting frequent hand hygiene as part of their day-to-day practices.

Wash your hands

Wash your hands with soap and running water when hands are visibly dirty



If your hands are not visibly dirty, frequently clean them by using alcohol-based hand rub or soap and water



Join the **#SAFEHANDS** challenge now and save lives! Post a video or picture of yourself washing your hands and tag **#SAFEHANDS**

WHO **calls** upon **policy makers** to provide

- the necessary infrastructure to allow people to effectively perform hand hygiene in public places;
- to support hand hygiene supplies and best practices in health care facilities.

Protect yourself and others from getting sick

Wash your hands

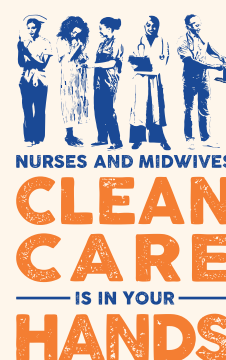


- after coughing or sneezing
- when caring for the sick
- before, during and after you prepare food
- before eating
- after toilet use
- when hands are visibly dirty
- after handling animals or animal waste

Hand Hygiene in Health Care

Why is it important to participate in the WHO global hand hygiene campaign for the fight against COVID-19?

- The WHO global hand hygiene campaign **SAVE LIVES: Clean Your Hands** mobilizes people around the world to increase adherence to hand hygiene in health care facilities, thus protecting health care workers and patient from COVID-19 and other pathogens.
- **Nurses** and other health care workers are the front-line heroes saving lives from COVID-19. In alignment with the **Year of the Nurse and the Midwife**, the **global hand hygiene campaign 2020** recognizes their critical role in the prevention of infections.
- The campaign also contributes to the **United Nations Secretary's General's Global Call to Action on WASH** in health care facilities.



Follow the 5 May 2020 **SAVE LIVES: Clean Your Hands** here: <https://www.who.int/infection-prevention/campaigns/clean-hands/en/>

**SAVE LIVES
CLEAN YOUR HANDS**

#safehands #handhygiene #infectionprevention

What about 5 May 2020 and how can it be linked to the fight against COVID-19?

- Among several COVID-19 initiatives promoting hand hygiene, the **WHO SAVE LIVES: Clean Your Hands (SLCYH)** global campaign focuses on **hand hygiene in health care** and is celebrated on 5 May every year.
- The **DG call** to Member States to improve access to hand hygiene worldwide is linked to the SLCYH campaign.
- On 5 May 2020, the WHO **SLCYH campaign** highlights the critical role of nurses and midwives in infection prevention and hand hygiene practices, to protect all patients. The slogan is **"Nurses and Midwives, clean care is in your hands!"**
- Everyone has a role in supporting health care workers in hand hygiene best practices at this critical time.
- Each one of the calls to action can be adapted to the COVID-19 context:

- **Nurses:** "Clean and safe care starts with you."
- **Midwives:** "Your hands make all the difference for mothers and babies."
- **Policy Makers:** "Increase nurse staffing levels to prevent infections and improve quality of care. Create the means to empower nurses and midwives."
- **IPC Leaders:** "Empower nurses and midwives in providing clean care."
- **Patients and Families:** "Safer care for you, with you."

- **Register** in the WHO SLCYH campaign and celebrate ahead of and on **5 May 2020!**

What do you need to know on hand hygiene best practices for COVID?

HAND WASHING

- Evidence from both the SARS and COVID-19 epidemics, shows that hand hygiene is very important to protect health care workers from getting infected (Seto WH et al, "Lancet" 2003; Ran L et al, "Clin Infect Dis" 2020).
- Hand washing in the community is highly effective to prevent both diarrhoeal diseases and respiratory illness (Jefferson T, et al. "BMJ" 2008). Thus, it is one of the most important measures that can be used to prevent COVID 19 infection.

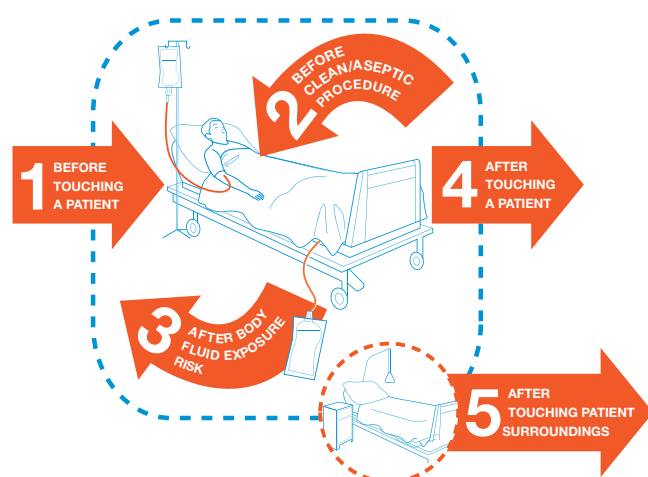
GUIDANCE

- Alcohol-based hand rub products should contain at least 60% alcohol, should be certified and where supplies are limited or cost prohibitive can be made locally by carefully following WHO [Guide](#).
- Plain soap is effective at inactivating enveloped viruses such as the COVID-virus due to the oily surface membrane that is dissolved by soap, killing the virus (Sickbert-Bennett EE et al, "Am J Infect Control" 2005). In addition, hand washing removes germs through mechanical action (WHO Guidelines on Hand Hygiene in Health Care 2009).
- Chlorinated water at 0.05% is not recommended for routine hand hygiene because it has skin and other toxic effects, and soap is easy to find and can be used effectively.

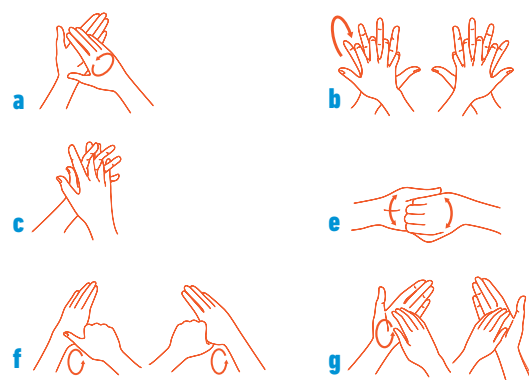
Right time and right technique for hand hygiene in health care

Conducting hand hygiene at the right time, using the right technique, with either ABHR or soap, water and disposable/clean towels is critical.

RIGHT TIME



RIGHT TECHNIQUE



RIGHT DURATION

- Alcohol based hand rub: for **20-30 seconds**
- Water and soap: for **40-60 seconds**

SAVE LIVES
CLEAN YOUR HANDS

#safehands #handhygiene #infectionprevention

Recommendation to Member States to improve hand hygiene practices widely to help prevent the transmission of the COVID-19 virus by:

1. Providing universal access to public hand hygiene stations and making their use obligatory on entering and leaving any public or private commercial building and any public transport facility.
2. Improving access to hand hygiene facilities and practices in health care facilities.

INTERIM RECOMMENDATION 1 April 2020

Current evidence indicates that the COVID-19 virus is transmitted through respiratory droplets or contact. Contact transmission occurs when contaminated hands touch the mucosa of the mouth, nose, or eyes; the virus can also be transferred from one surface to another by contaminated hands, which facilitates indirect contact transmission. Consequently, hand hygiene is extremely important to prevent the spread of the COVID-19 virus. It also interrupts transmission of other viruses and bacteria causing common colds, flu and pneumonia, thus reducing the general burden of disease. Although awareness of the importance of hand hygiene in preventing infection with the COVID-19 virus is high, access to hand hygiene facilities that include alcohol-based hand rubs as well as soap and water is often suboptimal in the community and in health care facility settings, especially in low-and middle-income countries. WHO and UNICEF estimate that globally 3 billion people lack hand hygiene facilities at home and two out of five health care facilities lack hand hygiene at points of care.¹ Further, access has become increasingly challenging as a result of stock-outs of supplies. When hand hygiene is provided free of charge and is made obligatory by public health authorities, acceptability and adherence to hand hygiene best practices are improved, including in public health emergencies of international concern.^{2,3} Hand hygiene is the most effective single measure to reduce the spread of infections through multimodal strategies, including access to the appropriate supplies.⁴ Therefore, this guidance is relevant for all countries and is recommended particularly for areas without ready access to hand hygiene locations.

WHO recommends the following:

1. One or several hand hygiene stations (either for handwashing with soap and water⁵ or for hand rubbing with an alcohol-based hand rub⁶) should be placed in front of the entrance of every public

¹ https://www.who.int/water_sanitation_health/publications/wash-in-health-care-facilities-global-report/en/.

² Wolfe MK, et al. Handwashing and Ebola virus disease outbreaks: A randomized comparison of soap, hand sanitizer, and 0.05% chlorine solutions on the inactivation and removal of model organisms Phi6 and E. coli from hands and persistence in rinse water <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0172734>.

³ Sterk E. Médecins Sans Frontières—Filovirus Haemorrhagic Fever Guideline. 2008. http://iid.oxfordjournals.org/content/204/suppl_3/S791.full.

⁴ https://www.who.int/infection-prevention/publications/hh_evidence/en/.

⁵ Where ABHR or bar soap is not feasible, a liquid soap solution, mixing detergent with water, can be used. The ratio of detergent to water will depend on types and strengths of locally available product.

⁶ Chlorine hand washing solutions are not recommended because of potential harm to users and those making the solutions, as well as degradation of chlorine exposed to sunlight or heat. Soap is generally cheap and easy to find, and liquid soap solutions can also be used.

(including schools and healthcare facilities) or private commercial building, to allow everyone to practice hand hygiene before entering and when leaving it.

2. Facilities should be provided at all transport locations, and especially at major bus and train stations, airports, and seaports.
3. The quantity and usability of the hand hygiene stations should be adapted to the type (e.g. young children, elderly, those with limited mobility) and number of users to better encourage use and reduce waiting time.
4. The installation, supervision, and regular refilling of the equipment should be the overall responsibility of public health authorities and delegated to building managers. Private sector and civil society initiatives to support the commodities, maintenance, and effective use are welcome.
5. The use of public hand hygiene stations should be obligatory before passing the threshold of the entrance to any building and to any means of public transport during the COVID-19 pandemic. Repeated hand hygiene whenever outside private homes can in this way become part of the routine of everyday life in all countries.
6. All private and public health care facilities should establish or strengthen their hand hygiene improvement multimodal⁷ programmes and rapidly ensure at a minimum procurement of adequate quantities of quality hand hygiene supplies, refresher hand hygiene training, and reminders and communications about the importance of hand hygiene in preventing the spread of the COVID-19 virus.
7. Local health authorities should ensure the continuous presence of functional hand hygiene stations (either alcohol-based hand rub dispensers⁸ or soap, water, and disposable towels) for all health care workers at all points of care, in areas where personal protective equipment (PPE) is put on or taken off, and where health care waste is handled. In addition, functional hand hygiene stations should be available for all patients, family members, and visitors, and within 5 m of toilets, as well as at entrances and exits, in waiting and dining rooms, and other public areas.⁹ Local production of alcohol-based hand rub formulations in national, sub-national or hospital pharmacies or by private companies should be strongly encouraged according to WHO guidance,¹⁰ especially if commercial options are limited or too costly.
8. Health care workers should perform hand hygiene using the proper technique¹¹ and according to the instructions known as “My 5 moments for hand hygiene”⁹, in particular, before putting on PPE and after removing it, when changing gloves, after any contact with a patient with suspected or confirmed COVID-19 virus, their waste, or the environment in the patients’ immediate surroundings, after contact with any respiratory secretions, before food preparation and eating, and after using the toilet.

⁷ The WHO multimodal hand hygiene improvement strategy includes the following integrated elements: 1) system change ensuring availability of alcohol-based hand rub products, as well as soap, water, and disposable/clean towels; 2) training and education of all health workers on hand hygiene best practices and their importance; 3) evaluation and feedback of hand hygiene infrastructure, compliance, and other indicators; 4) reminders and communications to remind all health workers as well as patients and visitors about hand hygiene; and 5) an institutional safety climate with visible commitment of senior managers and engagement of all staff.

⁸ An effective alcohol-based hand rub product should contain between 60% and 80% of alcohol and its efficacy should be proven according to the European Norm 1500 or the standards of the ASTM International (formerly, the American Society for Testing and Materials).

⁹ Water, sanitation, hygiene (WASH) and waste management for the prevention of COVID-19. Updated Technical brief (2nd version). World Health Organization, Geneva; 2020. <https://www.who.int/publications-detail/water-sanitation-hygiene-and-waste-management-for-covid-19>.

¹⁰ World Health Organization. Guide to local production: WHO recommended handrub formulations. Geneva: World Health Organization; 2010. https://www.who.int/gpsc/5may/Guide_to_Local_Production.pdf?ua=1.

¹¹ https://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf?ua=1.



9. All health care facilities are strongly encouraged to participate actively in the WHO Save Lives: Clean Your Hands campaign before and on 5 May 2020¹² and to respond to the United Nations Secretary-General's Global Call to Action on WASH in health care facilities.¹³

¹² <https://www.who.int/infection-prevention/campaigns/clean-hands/en/>.

¹³ https://www.who.int/water_sanitation_health/facilities/healthcare/en/; www.washinhcf.org.