## HAND WASHING IN SOUTH SUDAN HEALTH FACILITIES: HOW CAN WE IMPROVE IT?

The article on page 60 shows that there is patchy knowledge about hand hygiene among the health staff at Juba Teaching Hospital (JTH), and that hand hygiene practices there need improving. As the situation in JTH probably reflects that throughout the country, this article suggests ways to ensure better hand hygiene in all health facilities in South Sudan.

Those of us who work in UK know of the intense efforts that have been made to reduce the risks of hand-borne infection in hospitals and clinics. Those of us who know the existing conditions and practices in South Sudan know the challenges that make optimal hand washing practices so difficult to achieve. Using our experiences in UK and South Sudan, we suggest below ways in which health staff and management can aim to achieve optimum hand hygiene. We hope our South Sudanese readers will share with us what is being done in their own health facilities. What are your difficulties? What successes have you had?

## Challenges

In many health facilities the challenges to improving hand hygiene include:

- Lack of running, or sufficient, clean water, soap and/or hand cleansing gels;
- Lack of knowledge of the dangers of hand-transmitted infections, and how to avoid them;
- Lack of audits and research to find out existing hand washing practices;
- Lack of adequate, and regular, effective training on hand hygiene techniques for staff, patients and visitors;
- Lack of educational information (e.g. posters, handouts) on why and how to wash hands properly;
- Poor general hygiene, and cleaning, in most health facilities;
- Not enough staff to monitor hand hygiene performance;
- No infection-control departments in most hospitals;
- Existence of many other challenges such as lack of medications thus, rendering hand washing a remote priority in many health providing settings.
- Low staffing levels leading to lack of time for staff to undertake hand hygiene, and for training and monitoring.

## **Recommendations for improving hand hygiene**

- Give regular and effective practical training and demonstrations on correct hand washing techniques (using the existing facilities and supplies) for all levels of health staff in all health facilities. This training should be frequently evaluated and improved as necessary;
- Adopt the WHO hand washing guideline as appropriate for each hospital's needs and abilities;
- Carry out regular hand hygiene practice audits covering the WHO '5 moments for hand hygiene' (see <u>http://</u><u>www.who.int/gpsc/5may/background/5moments/en/</u>). These should include feedback and actions taken where there is non-compliance;
- Improve provision and accessibility of hand rub/hand washing facilities as needed;
- As part of in-patient assessment of patients, the ward hygiene officer should talk to all but severely ill patients about hand hygiene upon admission;
- Provide hand hygiene posters showing correct hand washing techniques throughout health facilities see page 72
- Appoint 'hygiene champions' in individual wards/ departments who can prompt and train their peers;
- Organise hospital- and public- based hand washing campaigns;
- Reward the best performing ward(s) which could be in forms of a day holiday, certificates, publication or any other way to boost morale;
- Make demonstration of hand washing part of job interviews;
- Celebrate 'International hand washing day' in your facility in order to remind staff and patients about the importance of this practice;
- Regularly appraise (by national, state and individual facility) the nosocomial infection rates of each hospital as a means of reducing cost (less antibiotics requirement) and improving mortality (fewer people dying as a result of hospital acquired infections).

## References

- World Health Organization. Guidelines on Hand Hygiene in Health Care 2009 http://whqlibdoc.who.int/ publications/2009/9789241597906\_eng.pdf
- World Health Organization. About SAVE LIVES: Clean Your Hands http://www.who.int/gpsc/5may/ background/5moments/en

Prepared by Charles O.C. Langoya, Emily MacNaughton, Eluzai Abe Hakim and Ann Burgess