

“The aim of this study was to explore the indications and occurrence of hand hygiene opportunities and the adherence to hand hygiene guidelines during routine anesthetic care in the operating room” Megeus et al (2015).

Reference:

Megeus, V., Nilsson, K., Karlsson, J., Eriksson, B.I. and Andersson, A.E. (2015) Hand hygiene and aseptic techniques during routine anesthetic care - observations in the operating room. *Antimicrobial Resistance and Infection Control*. 4:5.

Hand hygiene and aseptic techniques during routine anesthetic care [#ivteam](http://ctt.ec/PJ2Z0+@ivteam)

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Abstract:

Background: More knowledge is needed about task intensity in relation to hand hygiene in the operating room during anesthetic care in order to choose effective improvement strategies. The aim of this study was to explore the indications and occurrence of hand hygiene opportunities and the adherence to hand hygiene guidelines during routine anesthetic care in the operating room.

Methods: Structured observational data on hand hygiene during anesthetic care during 94 surgical procedures was collected using the World Health Organization’s observational tool in a surgical department consisting of 16 operating rooms serving different surgical specialties such as orthopedic, gynecological, urological and general surgery.

Results: A total of 2,393 opportunities for hand hygiene was recorded. The number of hand hygiene opportunities when measured during full-length surgeries was mean = 10.9/hour, SD 6.1 with an overall adherence of 8.1%. The corresponding numbers for the induction phase were, mean = 77.5/h, SD 27.4 with an associated 3.1% adherence to hand hygiene guidelines. Lowest adherence was observed during the induction phase before an aseptic task (2.2%) and highest during full-length surgeries after body fluid exposure (15.9%).

Conclusions: There is compelling evidence for low adherence to hand hygiene guidelines in the operating room and thus an urgent need for effective improvement strategies. The conclusion of this study is that any such strategy should include education and practical training in terms of how to carry out hand hygiene and aseptic techniques and how to use

gloves correctly. Moreover it appears to be essential to optimize the work processes in order to reduce the number of avoidable hand hygiene opportunities thereby enhancing the possibilities for adequate use of HH during anesthetic care.

Full Text

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