

THE IMPORTANCE OF HAND HYGIENIZATION IN THE CONTEXT OF HOSPITAL INFECTIONS

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Abstract: The microbiota of the hands consists of transient bacteria, which colonize the upper layers of the skin, are easily removed by hand hygiene (HH) and are often acquired by contact with sick/contaminated surfaces and resident bacteria, which colonize deeper layers. of the skin, are difficult to remove and are unlikely to be associated with cross-infection. Hand washing reduces the transmission of potential pathogens, including antimicrobial-resistant microorganisms, and also reduces the risk of morbidity and mortality due to nosocomial infections. A literature review was carried out in order to emphasize the importance of hand hygiene by the health team in the prevention of hospital infections, as well as to encourage adherence to this practice and to identify the factors that have led health professionals to neglect this routine.

Keywords: Hospital Infection. Sanitization of hands. Health promotion. Health prevention.

INTRODUCTION

Human skin is colonized by bacteria. The microbiota of the hands consists of transient bacteria, which colonize the upper layers of the skin, are easily removed by hand hygiene (HH) and are often acquired by contact with sick/contaminated surfaces and resident bacteria, which colonize deeper layers. of the skin, are difficult to remove and are unlikely to be associated with cross-infection. More than a century ago, the importance of hand washing was confirmed when it was discovered that the simple act of washing hands with soap and water and later, in a chlorinated solution, before coming into contact with patients, reduced the rates of of death of parturients from puerperal fever and proved that hand hygiene is a primary measure for the prevention of hospital infections. In Brazil, the control of hospital infections began to be improved through Ordinance 2616/98 of the Ministry of Health, which obliges hospitals

to maintain a Hospital Infection Control Program (PCIH) and create a Hospital Infection Control Commission (CCIH). Hand washing reduces the transmission of potential pathogens, including antimicrobial-resistant microorganisms, and also reduces the risk of morbidity and mortality due to nosocomial infections. However, despite the relative simplicity of this procedure, the various scientific evidence and legal provisions, there is strong resistance to its adherence in the clinical practice of health professionals. The objective of this study was to identify the importance of hand hygiene by the health team in the prevention of hospital infections, as well as to encourage adherence to this practice and to identify the factors that have led health professionals to neglect this routine.

METHODOLOGY

This literature review was carried out by searching the electronic databases of the Virtual Public Health Library (BVS), PubMed and Scientific Electronic Library Online (SCIELO).

RESULTS AND DISCUSSION

Hand hygiene must be performed correctly during the routine of health services, regardless of the technique or procedure that the professional will perform. However, the technique procedure is often inadequate by reason of forgetting some steps of this procedure, due to the service overload, with a concern with quantity and not with quality. Most health professionals routinely wash their hands, as they do in their homes, not adopting the appropriate techniques for such a practice. Therefore, there is a need for awareness-raising work by the Hospital Infection Control Commission (CCIH), through training, classes, partnerships with professionals in the area and a multidisciplinary team.

Hand washing with neutral soap and water is recommended, followed by the use of glycerin alcohol (60 to 95%) in case of visible dirt, or the use of 70% alcohol in situations where sinks are not found. The World Health Organization recommends Five Moments for HH: 1. Before contact with the patient; 2. Before performing the procedure; 3. After exposure to bodily fluids; 4. After contact with the patient and 5. After contact with the areas close to the patient), which correspond to data published in the current published literature.

Some factors are involved in the low adherence to hand hygiene practices. Among them is the incorrect execution of the hand hygiene technique. When the technique is performed correctly, the main mistake is usually to close the faucet with already sanitized hands. In addition, there is a lack of knowledge regarding the risks of transmission of infections and lack of access to effective hygiene products. Other factors considered were the dryness and irritation of the skin of the hands and the inefficiency of the supervisions regarding the hand hygiene procedure.

Interventions are necessary to obtain full adherence by health professionals, since the educational intervention alone has been insufficient with regard to the correct way of washing hands.

CONCLUSION

Most nosocomial infections are transmitted by the hands of professionals and it is concluded that continuous education is necessary to sensitize health professionals that hand hygiene is the most effective method in controlling nosocomial infection.

It is necessary to implement pedagogical activities that motivate and intensify the adherence of professionals and it is essential to seek awareness strategies regarding the need for HH to promote individual and collective safety.

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