



List of Criteria

for the certification of hospitals and clinics

HygiMed.₊

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1. Instructions

The criteria listed in this document must be met by the institution to obtain the *NOSOhands* quality label for hand hygiene.

Each of these criteria will be rated as follows at the time of audit:

- i. achieved;
- ii. partially achieved;
- iii. not achieved.

A criterion not achieved at the time of audit leads to the failure of the certification procedure of the *NOSOhands* quality label. A partially achieved criterion leads to the suspension of the certification procedure until such time as the institution can provide documented proof that the necessary corrective measures have been implemented.

1.1. Definitions

An **institution** is defined as a hospital care site (hospital, clinic) or several sites grouped under the same governance.

A **healthcare worker** is defined as a person who delivers care to patients and is in direct contact with them.

A **point of care** is defined as a place where 3 elements converge – the patient, the healthcare professional and the care or treatment involving contact with the patient or his/her environment.

2. General criteria

#	Criteria	Achieved	Partially achieved	Not achieved
1	An institution-wide programme for the promotion of hand hygiene based on the WHO multimodal strategy is in place.			
2	The institution must be a registered participant to the WHO hand hygiene promotion campaign SAVE LIVES: Clean Your Hands .			
3	The institution must fulfil at least one of the following criteria: <ul style="list-style-type: none"> - Have its own hospital hygiene/infection prevention and control service - Employ healthcare staff having followed a specific training in hospital hygiene/infection prevention and control. - Be bound by a consultancy contract to a centre with a hospital hygiene/infection prevention and control service. - Be advised by a private sector provider specialized in hospital hygiene/infection prevention and control. 			
4	The institution scores at least 350 points upon completion of the WHO <i>Hand Hygiene Self-Assessment Framework</i> .			
5	The institution scores at least 50 points for each of the 5 components of the WHO <i>Hand Hygiene Self-Assessment Framework</i> .			

3. Specific criteria based on the 5 components of the WHO Multimodal Hand Hygiene Improvement Strategy

3.1. System change

#	Criteria	Achieved	Partially achieved	Not achieved
6	Alcohol-based handrub is available permanently and within arm's reach at each point of care in the institution.			
7	The alcohol-based handrub formulation used in the institution is compliant with antimicrobial efficacy standards for hand antisepsis (EN 1500 or ASTM 2755).			
8	The institution has a sink-to-bed ratio of at least 1/10 in all wards of the institution.			
9	The institution has an uninterrupted supply of clean, running water.			
10	Each sink of the institution is supplied with soap.			
11	Each sink of the institution is supplied with single-use towels.			
12	There is a sufficient budget for the continuous supply of hand hygiene products (alcohol-based handrub, soap, single-use towels) in the institution.			

3.2. Training and education

#	Criteria	Achieved	Partially achieved	Not achieved
13	Healthcare workers undergo a training session on hand hygiene practices at least annually. The training is based on the WHO multimodal hand hygiene improvement strategy and covers the following subjects: <ul style="list-style-type: none"> • Definition, impact and burden of healthcare-associated infections • Dynamics of hand contamination and germ transmission during care, importance of hand hygiene • The 5 moments for hand hygiene • Hand hygiene technique (alcohol-based handrubbing and handwashing) 			
14	A documented monitoring process validating that all healthcare workers have undergone training on hand hygiene practices is in place within the institution.			
15	The institution has a healthcare professional (internal or external) with adequate qualifications to train healthcare workers in hand hygiene practices and to observe hand hygiene adherence. The healthcare professional has attended the <i>Hand Hygiene Referent</i> training course, or any training deemed equivalent.			

3.3. Evaluation and feedback

#	Criteria	Achieved	Partially achieved	Not achieved
16	Audits of the availability of alcohol-based handrub, soap and single-use towels are conducted at least annually within the institution.			
17	The institution monitors at least annually its alcohol-based handrub consumption for the preceding 12 months.			
18	The institution consumes at least 20 litres of alcohol-based handrub per 1000 patient-days as an annual average.			

19	A survey of hand hygiene adherence by direct monitoring is carried out within the institution at least annually. Its methodology is compatible with WHO recommendations. The survey meets the following requirements: <ul style="list-style-type: none"> • At least 200 opportunities are observed; they are uniformly distributed across at least 7 randomly selected wards/divisions.¹ • The sample of observed healthcare workers is representative of the institution's staff, particularly regarding professional categories. • The opportunities observed cover different times of the day and different days of the week. 			
20	The overall hand hygiene compliance rate of the institution measured during the survey of hand hygiene adherence is at least 60%.			

3.4. Reminders in the workplace

#	Criteria	Achieved	Partially achieved	Not achieved
21	Posters describing the 5 moments for hand hygiene are visible in at least 75% of wards and treatment areas.			
22	Posters describing the procedure for handrubbing are visible in at least 75% of wards and treatment areas.			
23	Posters describing the procedure for handwashing are visible in the vicinity of sinks in at least 75% of wards and treatment areas.			
24	Audits of the condition of posters as visual reminders to comply with hand hygiene practices are conducted within the institution at least annually.			

3.5. Institutional safety climate

#	Criteria	Achieved	Partially achieved	Not achieved
25	The chief executive officer, the medical director, and the director of nursing make a formal commitment ² to healthcare staff to promote hand hygiene throughout the institution.			

¹ Institutions with 7 wards/divisions or fewer must include all wards/divisions in their survey.

² Formal commitment can be in the form of a letter, a video, a publication in the institution's newsletter, or any other means of communication addressed directly to the institution's healthcare staff.