

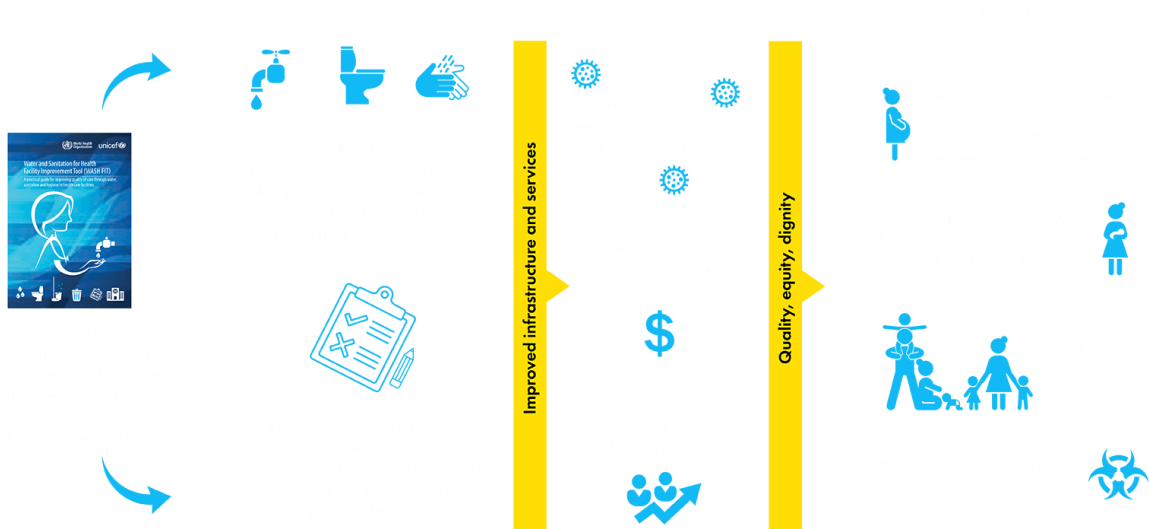
1-in-2 health care facilities
lack basic hand hygiene

1-in-5 health care facilities
lack water

1-in-10 health care facilities
have no toilets



World Health
Organization



Better access
to water, sanitation,
hygiene & waste
services in
health facilities
improve quality
care and help to

**prevent
millions of
deaths
annually**



Many
newborn deaths
are preventable



by simple solutions such as:
safe water and **soap**



World Health
Organization

HEALTH FACILITIES **DO NOT** HAVE



HAND
HYGIENE



50%



WATER



22%



TOILETS



10%



World Health
Organization

AN
AFFORDABLE
INVESTMENT



basic water,
sanitation, hygiene
& waste services



60 US cents
per person each year



World Health
Organization

every
**HEALTH
FACILITY**
must
have

- ☒ HIGH QUALITY
WATER
- ☒ SANITATION
& HYGIENE
- ☒ SAFE WASTE
MANAGEMENT
- ☒ ENERGY
SERVICES



1 billion people
in low- and middle-
income countries
use health facilities
with **unreliable or**
no electricity

HOW TO WEAR A MEDICAL MASK SAFELY

[who.int/epi-win](https://www.who.int/epi-win)

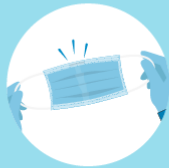
Do's →



Wash your hands before touching the mask



Inspect the mask for tears or holes



Find the top side, where the metal piece or stiff edge is



Ensure the colored-side faces outwards



Place the metal piece or stiff edge over your nose



Cover your mouth, nose, and chin



Adjust the mask to your face without leaving gaps on the sides



Avoid touching the mask



Remove the mask from behind the ears or head



Keep the mask away from you and surfaces while removing it



Discard the mask immediately after use preferably into a closed bin



Wash your hands after discarding the mask

Don'ts →



Do not Use a ripped or damp mask



Do not wear the mask only over mouth or nose



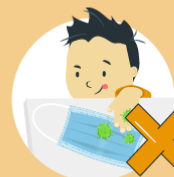
Do not wear a loose mask



Do not touch the front of the mask



Do not remove the mask to talk to someone or do other things that would require touching the mask



Do not leave your used mask within the reach of others



Do not re-use the mask

Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

EPI·win

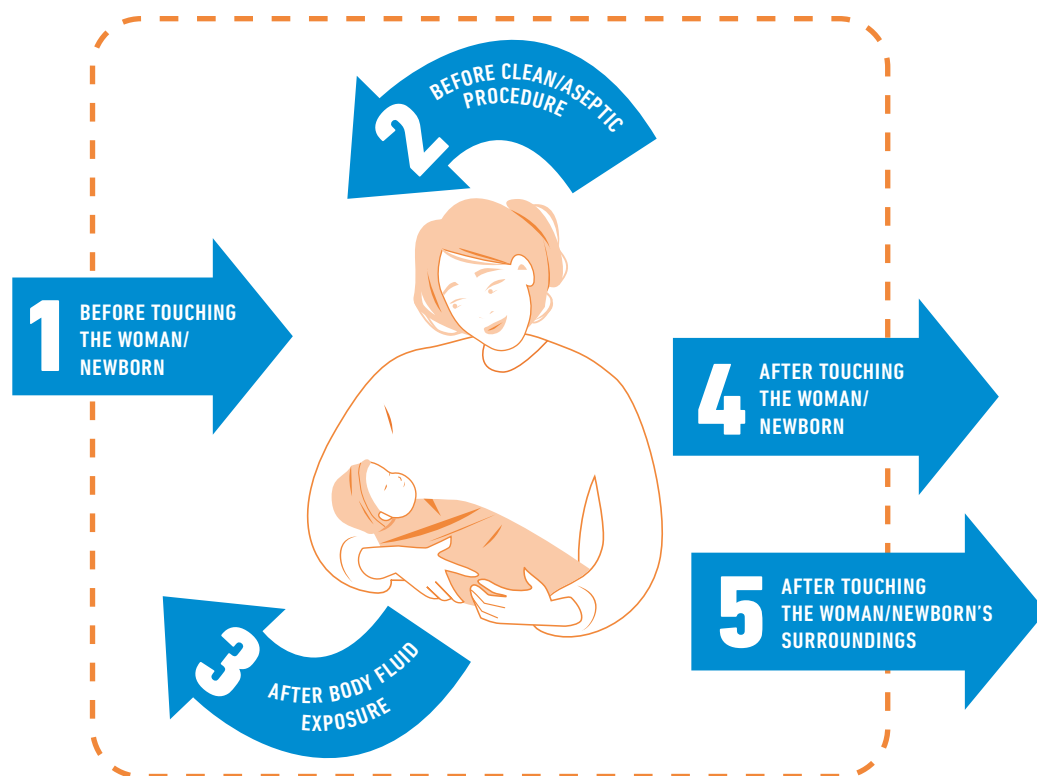


World Health Organization



1. Main water source (select one): ☐ Piped ☐ Tube well/Borehole ☐ Protected dug well
☐ Unprotected dug well ☐ Protected spring ☐ Unprotected spring ☐ Rain water
☐ Tanker truck ☐ Surface water (River/Lake/Canal) ☐ No water source ☐ Other: _____
2. Main water source is on premises: ☐ Yes ☐ Off premises but up to 500 m ☐ More than 500 m
3. Water from main source is currently available: ☐ Yes ☐ No
4. Number of usable (available, functional, private) toilets for health care facility: _____ (insert number)
5. Type of toilets/latrines (select one – most common): ☐ Flush/Pour-flush to sewer
☐ Flush/Pour-flush to tank or pit ☐ Flush/Pour-flush to open drain ☐ Pit latrine with slab/covered
☐ Pit latrine without slab/open ☐ Bucket ☐ Hanging toilet/latrine ☐ None
6. Toilets separated for staff and patients: ☐ Yes ☐ No
7. Toilets separated for male and female patients: ☐ Yes ☐ No
8. Female toilets have facilities to manage menstrual hygiene needs (covered bin, and/or water and soap):
☐ Yes ☐ No
9. At least one toilet accessible to people with limited mobility: ☐ Yes ☐ No
10. Soap and water (or alcohol-based hand rub) currently available in consultation rooms:
☐ Yes ☐ Partially (e.g. lacking materials) ☐ No
11. Soap and water currently available at toilets:
☐ Yes, within 5 m of toilets ☐ Yes, more than 5 m from toilets ☐ No, no soap and/or no water
12. Sharps, infectious and general waste are safely separated into three bins in consultation room:
☐ Yes ☐ Somewhat (bins are full, include other waste, or only 1 or 2 available) ☐ No
13. Treatment/disposal of sharps waste: ☐ Autoclave ☐ Incinerator (2 chamber, 850-1000 °C)
☐ Incinerator (other) ☐ Burning in protected pit ☐ Not treated, but buried in lined, protected pit
☐ Not treated, but collected for medical waste disposal ☐ Open dumping without treatment
☐ Open burning ☐ Not treated and added to general waste ☐ Other: _____ (specify)
14. Treatment/disposal of infectious waste: ☐ Autoclave ☐ Incinerator (2 chamber, 850-1000 °C)
☐ Incinerator (other) ☐ Burning in protected pit ☐ Not treated, but buried in lined, protected pit
☐ Not treated, but collected for medical waste disposal ☐ Open dumping without treatment
☐ Open burning ☐ Not treated and added to general waste ☐ Other: _____ (specify)
15. Protocols for cleaning (floor, sink, spillage of blood or bodily fluid) and cleaning schedule are available:
☐ Yes ☐ No
16. All staff responsible for cleaning have received training: ☐ Yes ☐ Not all trained ☐ None trained

YOUR 5 MOMENTS FOR HAND HYGIENE CARE IN A MATERNITY UNIT



1

WHEN? • Clean your hands before touching the woman or the newborn

WHY? • To protect the woman and newborn against harmful germs carried on your hands

EXAMPLES • Before taking vital signs • Before listening to the fetal heart rate

2

WHEN? • Clean your hands immediately before performing a clean/aseptic procedure

WHY? • To protect the woman and newborn against harmful germs (including their own) from entering their bodies

EXAMPLES • Before vaginal examination • Before cord cutting and clamping • Before taking blood

3

WHEN? • Clean your hands immediately after an exposure risk to body fluids

WHY? • To protect yourself and the health care environment from harmful patient germs

EXAMPLES • After vaginal examination • After delivering the placenta • After handling an invasive medical device

4

WHEN? • Clean your hands after touching the woman or the newborn

WHY? • To protect yourself and the health care environment from harmful patient germs

EXAMPLES • After touching skin • After performing bathing

5

WHEN? • Clean your hands after touching any object or furniture in the woman or newborn's immediate surroundings, when leaving the room – even if the woman or newborn have not been touched

WHY? • To protect yourself and the health care environment from harmful patient germs

EXAMPLES • After touching the woman or newborn's bed space • After touching woman's chart at the bedside

Patient zone – The need for hand hygiene is closely connected with health care workers' activities within the area surrounding each patient, called the *patient zone*, identified by the dotted area. In maternal care, it includes the woman and all inanimate surfaces that are temporarily, but exclusively dedicated to her, including items touched by or in direct physical contact with her. During and after childbirth, it includes both the woman and the newborn and their immediate surroundings.

Hand hygiene opportunities – defined as **moments when a hand hygiene action is needed during health care activities, to interrupt germ transmission by hands**. There may be multiple hand hygiene opportunities within the sequence of maternal and neonatal care (e.g. during labour and childbirth); it is extremely important to meet the requirements for hand hygiene despite the high frequency of opportunities, due to high maternal, neonatal and health care worker's infection risk.

Glove use and the need for hand hygiene – When an opportunity for hand hygiene occurs while wearing gloves, these should be removed to perform hand hygiene. Gloves should always be changed between patients.

For further information please see the document:

"Hand Hygiene in Outpatient and Home-based Care and Long-term Care Facilities", World Health Organization 2012

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

WHO acknowledges Catherine Dunlop (University of Birmingham, Birmingham, United Kingdom [UK]), Claire Kilpatrick (WHO consultant, Glasgow, UK), and David Lissauer (University of Liverpool, Liverpool, UK) for technical input in developing this material.

WHO/UHL/HIS/2020.5 © WHO 2020. Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO licence.



World Health
Organization

**SAVE LIVES
CLEAN YOUR HANDS**