

Are We Wash Our Hands Enough?

The Blessing of COVID-19

Noor Azizah Mohd Ali^{1*} & Thudawe Yohani Shavindi Dalugoda²

¹Department of Critical Care Nursing, Kuliyah (Faculty) of Nursing, International Islamic University Malaysia (IIUM), Malaysia.

²School of Nursing, Midwifery and Social Work, The University of Queensland, St Lucia, Australia.

ABSTRACT

Hand hygiene is inexpensive, safe and cornerstone for infection prevention. This practice became more important especially with the novel coronavirus (2019-nCoV) COVID-19 outbreak. This paper highlighted hand hygiene as one of the key weapons in the prevention of COVID-19 spread. It also reflects the hand hygiene practices and promotions in the workplace such as in healthcare settings and for the public in relation to COVID-19 prevention.

Keywords: Hand Hygiene, Hand Washing, COVID-19, 2019-nCoV, Healthcare Workers, Publics, Prevention

INTRODUCTION

The year of 2020 began with an unprecedented event called Novel Coronavirus (2019-nCoV) or COVID-19. It is believed started in Hubei Province, China, and in less than two months, the World Health Organization (WHO) has declared this deadly respiratory infection as a pandemic. (1-3) To date (31st May 2020), the COVID-19 has been diagnosed in more than 5.9 million, with over 367k death worldwide. (4) These numbers are increasing daily, and experts predict that the virus still a threat to us until the vaccine or COVID-19 drug is found. It is expected that developing a vaccine and COVID-19 drug will take at least two years. (2) In other words, we must learn to live with the virus for quite sometimes. This paper comments on what COVID-19's means with hand hygiene practice among public and healthcare workers to better adopt new normal.

HAND HYGIENE AND PREVENTION OF COVID-19

Good hand hygiene practices, social distancing,

*Corresponding author:

Dr. Noor Azizah Mohd Ali

Department of Critical Care Nursing,
Kuliyah of Nursing,
International Islamic University Malaysia,
Jalan Sultan Ahmad Shah, Bandar Indera Mahkota,
25200, Kuantan, Pahang Darul Makmur, Malaysia.

Email: noorazizah@iium.edu.my

Tel no: +60199417331

extensive testing, contact tracing, quarantine, and self-isolation are crucial to slowing the spread of the COVID-19. (5) Since the COVID-19 crisis began, the emphasis on awareness of performing hand hygiene has increased. An early investigation revealed that the COVID-19 has higher transmissibility as compared to Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) in which COVID-19 has similar genetic make-up with these two viruses. (6, 7) Hand hygiene is also highly recommended to decrease contact transmission of MERS and SARS as dramatically reduces the reproduction of the virus. (6,8) Hence, hand hygiene is the most recommended preventive strategy to reduce the spread of the respiratory viruses and also healthcare-associated infections. (9, 10)

Following the emerging of the COVID-19, WHO reemphasis the vital role of frequent hand hygiene for prevention of the virus transmission. (11) The Centers for Disease Control and Prevention (CDC) has also reminded the rationale of good hand hygiene practice in mechanically removing the pathogen. With the usage of water and soap or with more than 60% of ethanol and 70% isopropanol in hand sanitizers is enough to inactivate the COVID-19 virus. (12) In the light of COVID-19 outbreak also, hand hygiene becomes the utmost preventive strategies can be found in most printed or audiovisual versions of educational materials (see figure 1). The Novel Coronavirus (2019-nCoV) or COVID-19 pamphlet shows how the virus spreads and how individuals can be infected with the COVID-19 virus prevent transmission to others. (13)



Figure 1: Novel Coronavirus (2019-nCoV) pamphlet

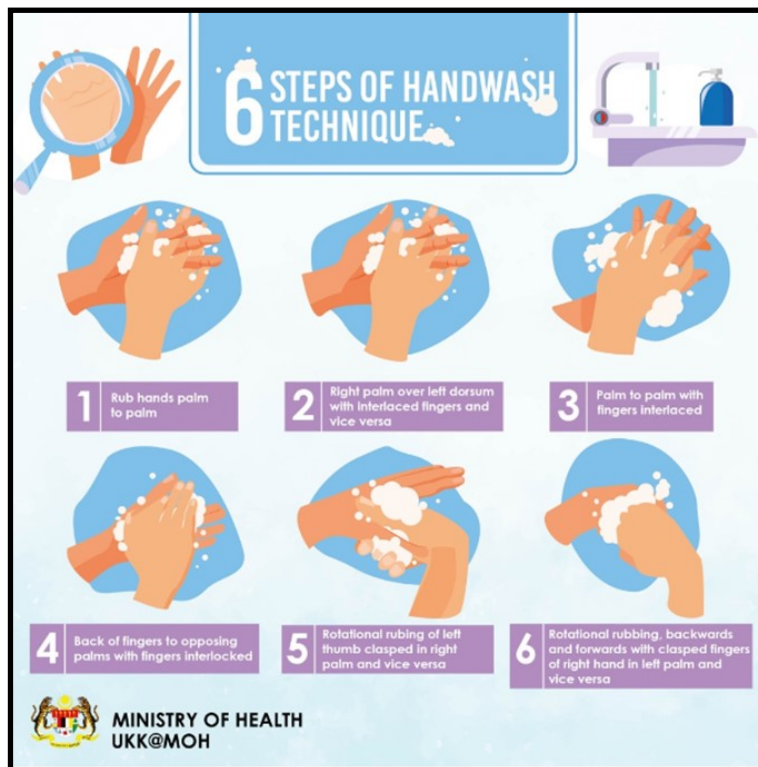


Figure 2: Six steps performing hand hygiene

Bilingual (Malay and English) printed version of hand hygiene promotion could be seen everywhere, displaying, the six steps performing handwashing and how to use hand rub sanitizers (see figure 2). Not only in hospitals compounds, this information also available at public places and premises. These is to ensure the maximum exposure of reminders to everyone. (14)

Five Moments for Hand Hygiene recommended by the WHO is already imbedded in healthcare settings to all healthcare workers (HCWs) to prevent cross infections/transmissions. The five moments are as follows:

1. before touching a patient
2. before a procedure
3. after a procedure or body substance exposure risk
4. after touching a patient
5. after touching a patient's surroundings. (10)

In addition to the above recommendation, the WHO also strongly encourage palmful hand rub using alcohol -based hand rub (ABHR) by adopting a six-step technique. The steps covering all surfaces of the hands until dry. (15) However, due to COVID-19 pandemic there were reported shortage of supplies of the ABHR due to massive demand, hence the WHO has reemphasis of the existence guideline for local production to cater the demand. (16) In some extreme emergency situation, there is a high probability that health care workers do not comply with hand hygiene protocols. For instance, due to the lack of time, lack of opportunity due to limited resources, distractions; there is a high chance of missing hand hygiene practice. These are consistent with a systematic review by Loftus et al., 2019 highlighted the constant challenges of HCWs hand hygiene compliance. (17) Hence, all these reported barriers should attract more attention to all parties to improve hand hygiene compliance.

In the workplace (non-healthcare facilities), the Ministry of Health Malaysia for example, has released a guideline to be adhered by the employers and employees of the organization as early as March 24th, 2020, within the first Movement of Control Order (MCO) (18th March until 31st March 2020). (18) E-mails and social media are among the best ways to remind employees to wash their hands. Employers must provide easy access to water, soap, and hand sanitizers. For instance, it is crucial to place sanitizers in entrance and exit areas, meeting rooms, and cafeteria. On the other hand, employees also have a responsibility to wash their

hands to keep themselves and others safe. (19)

Public is also more expose to the importance of hand hygiene and starting to be more familiar with hand sanitizer when COVID-19 strikes the society. Normally, people wash their hands or as a social norm if they want to eat/touch foods after going to the toilet and after sneezing/blowing the nose (20). As the alert from COVID-19, the frequency and the circumstances to perform hand hygiene are matters. They become more cautious about what previously normal to them, for example, handshaking or touching a surface (e.g., a table, a bench, a pen, a doorknob, keys, a phone, handrails, lift) that the virus could transfer to them.

From the public health perspective, little is known about public compliance to hand hygiene practice. However, with the standard operating procedure that the government and healthcare authorities mandated, there is still a need to encourage good hand hygiene practices especially after the MCO is lifted. Reopening plans of malls and public places should couple hand hygiene with other infection control measures such as physical distancing, social gathering rules and, access to safe, clean water and sanitation and must reach the most vulnerable populations.

CONCLUSION

Although hand hygiene is the most inexpensive and feasible to minimize transmission of virus COVID-19, promoting the maximum engagement of hand hygiene practice among HCWs and the public shall be strengthened. It is also important to keep a constant reminder of the good hand hygiene practice to both HCWs and publics in addition to guidelines, recommendations and campaigns that has been done so far. For instance, 'speaking up for hand hygiene' initiative may be useful to help in maximising the hand hygiene compliance. Let us think that despite these exposures and urgency, are we wash our hands enough? Let support good hand hygiene practice as our 'new normal'.

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